CMP
Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

27 April 2002

Milburn says budget good for pharmacy

Investigators unhappy over vet POM supply

All there is to know about LPS... so far

Bannerman's goes platinum in Pharmacy Design Awards

Allergy Answers

When one of their family has an allergy, introduce the Piriton® and Piriteze® family

Allergy can strike members of the family at any time of the year, causing discomfort and disruption to normal family life. It's not just hayfever; people can be sensitive to animals, insect bites or stings, plants, pollen, metals or chemicals. Histamine is one of the most important causes of allergy symptoms,[1] such as redness and irritation, which is why antihistamines are so helpful. But which one to choose? The Piriton range is a simple answer, dealing with most common family allergies.

With almost 50 years of experience, Piriton is a highly effective and well established name that people trust. Piriton Allergy Tablets relieve allergy symptoms in adults and children over 6 years, while Piriton Syrup is ideal for children over 1 year. And with new Piriteze Allergy Tablets just launched, there's a one-a-day product in the range, offering fast relief for busy people aged 12 years and over.

Piriton and Piriteze are made by GlaxoSmithKline, a company committed to supporting pharmacists and their assistants. Our Allergy Answers and PharmAssist programmes have been developed to help you understand more about allergy and feel more confident in your recommendations. For further information or to receive an Allergy Answers pack, call 020 8047 2700 and for medical information call 020 8047 2500.

Which product for which family member?

Dad: Classic hayfever symptoms Recommend new Piriteze Allergy Tablets. They contain cetirizine, which will quickly relieve symptoms and in most people will avoid drowsiness. Provides relief from just one daily tablet, leaving him symptom-free for busy days and restful nights.

Mum: Looking for an antihistamine to take on holiday Recommend Piriton Allergy Tablets for family members over 6 years. They are suitable for allergy caused by hayfever, insect bites and stings, reactions to animals and the itching caused by allergic dermatitis (eczema). Ideal to keep handy for unexpected allergy problems.

Toddler: Suffering from chicken pox Recommend Piriton Syrup for children over the age of 1 year. In chickenpox it can help calm skin itching and help the child (and its parents) sleep at night. Piriton Syrup has been used for years to treat childhood allergy and has been trusted by doctors and parents for generations.

PIRITON® Allergy Tablets Syrup
chlorpheniramine maleate

Piriteze® Allergy Tablets
cetirizine dihydrochloride

For family allergies

gsk GlaxoSmithKline

Piriton Allergy Tablets and Piriton Syrup Product Information: Presentations: Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Symptomatic relief of allergic conditions including hayfever. **Dosage and administration:** Tablets: *Adults*: 1 tablet. Every 4-6 hours. *Children aged 6-12:* 1/2 tablet. Every 4-6 hours. Syrup: *Adults:* 10ml. Every 4-6 hours. *Children aged 6-12:* 5ml. Every 4-6 hours. *Aged 1-2:* 2.5ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Retail selling price:** Piriton Allergy Tablets 30: £2.85; Piriton Syrup 150ml £3.79. **Legal category:** P. **Product licence numbers:** 0036/0088 (Piriton Syrup). 0036/0091 (Piriton Allergy Tablets). **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, AL7 3SP. Further information is available from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex TW8 9GS, U.K. **Date of revision:** December 2001.

Piriteze Allergy Tablets Product Information: Presentation: Film coated tablets containing 10mg of cetirizine dihydrochloride. **Uses**: Symptomatic treatment of perennial rhinitis, seasonal allergic rhinitis and chronic idiopathic urticaria. **Dosage and administration:** Adults (including the elderly) and children 12 years and over, 10mg daily. Children under 12 years not recommended. **Contraindications:** Hypersensitivity to any of the constituents of the formulation and lactating mothers. **Precautions:** Use half dose in patients with renal impairment. Advisable to avoid excessive alcohol consumption. Should not be used during pregnancy unless clearly necessary. Exceeding the recommended dose may affect driving or operating machinery. **Side effects:** Occasionally mild and transient subjective side effects such as drowsiness, headache, dizziness, agitation, dry mouth and gastro-intestinal discomfort. Convulsions reported very rarely. **Legal category:** P (30 tablets) and GSL (7 tablets). **Retail selling price:** (ex VAT). P (30 tablets): £7.28. GSL (7 tablets) £3.40. **Product licence number:** PL 0289/0388. **Licence holder:** Approved Prescription Services Ltd, Brampton Road, Hampden Park, Eastbourne, BN22 9AG, England. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex TW8 9GS, U.K. **Date of preparation:** December 2001.

Reference: 1. Bachert C. Clin & Exp Allergy 1998; **28**(Suppl 6): 15-19

Chemist & Druggist

www.dotpharmacy.com

Volume 257 No [illegible]
142nd year of publication
ISSN 0009 3033

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Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

Published Saturdays by CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at http://www.dotpharmacy.com/

Subscriptions (Home) £150 per annum, (Overseas & Eire) $369 per annum including postage, £2.60 per copy (postage extra) Additional Price List £100 per annum

Circulation and subscription
CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics LE16 9EF
Telephone 01858 438809
Fax 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature

CMP

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Regulars

Features

POLICY

Budget benefits pharmacy, says health secretary

Alan Milburn: "We have got to make better use of pharmacists"

Pharmacists should benefit from the Chancellor's £40 billion boost to the NHS, according to Alan Milburn, the health secretary.

Speaking to *C&D*, Mr Milburn said he would use some of the money to widen the role of pharmacists in more direct healthcare for patients.

He said NHS Direct would be referring more patients direct to community pharmacists in future.

One of the big themes of the new DoH document on healthcare, *Delivering the NHS Plan*, is the need for professional demarcations to go, encouraging a wider role by pharmacists.

"We have got to make better use of pharmacists," he said. "We are giving NHS Direct the ability to refer patients to a pharmacist. They may not need help from the trained nurse but they might need the skills of the trained pharmacist. It's a good use of pharmacist skills and a rational use of NHS resources."

Mr Milburn refused to discuss cash allocations but hinted that the NHS drugs budget would rise as a cost-effective means of delivering more care to patients.

"There has been a big increase in the drugs budget – we reckon an extra £1bn in the last financial year went into drugs, many of them the latest and best drugs for cancer, alzheimer's, arthritis and heart disease.

"These make a difference to people's lives.

"It's a great frustration of mine that people always talk about how a hospital is doing and how many patients have been treated there, but treating people with a drug as a life saver is at least as important as providing an operation.

"For example, prescribing for statins, which prevent further heart attacks, has gone up by a third in a year. That increase is saving lives.

"We are not going to say the money's for this thing or that thing. We have to take decisions out of the hands of the politicians and put them into the hands of the front line staff."

He conceded that some of the reforms would be controversial, but made it clear he is prepared to stand up to opponents of change.

"Some people will find some proposals controversial – such as the idea of foundation hospitals. They are part of the NHS but they will have more freedom than hospitals have now. Others will find the concept of the NHS working more closely with the private sector difficult to accept. Some people will find the new system of incentives difficult.

"Politics is not about doing easy tasks, it is doing what you think is right."

PSNC

PSNC meets with OFT on control of entry

The Pharmaceutical Services Negotiating Committee has emphasised to the Office of Fair Trading that health planning should predominate over competition concerns, and the importance of ensuring easy access to pharmacies.

In its report of the meeting regarding control of entry on April 16, the Committee said: "PSNC fears that the effect of significant changes would be towards greater clustering [of pharmacies] around surgeries and this would not necessarily provide greater convenience to patients."

The OFT was told that, due to grocers' increasing share of the health and beauty market, contractors are becoming more reliant on their NHS business.

PSNC raised concerns about the impact on pharmacies of new local pharmaceutical service providers, adding that legislation required this to be considered.

Other information requested by the OFT included the number of openings and closures of pharmacies over the past 15 years, purchases of contracts for minor relocations by Superdrug and others, and the growth of supermarket and non-contract pharmacies.

The OFT, which reports in late September, stressed to PSNC that this investigation was not as detailed as that of retail price maintenance, and should not be seen as "son of RPM".

SAFETY

Insecticides withdrawn due to health risk

Sales of products containing the insecticide dichlorvos have been suspended following advice from the Advisory Committee on Pesticides.

Dichlorvos is used in some domestic pesticide products, such as fly and wasp killers, and it has been decided to "minimise the exposure of householders and those who work with pesticides from a remote but potentially significant risk to their health".

Products containing dichlorvos include Vapona Fly and Wasp Killer, Combat Fly Killer, Jeyes Small Space Fly and Moth Strip and own-brand products marketed by Lloydspharmacy, Boots The Chemists and Superdrug.

Consumers can use up dichlorvos products they have already bought, or dispose of them in household rubbish. However, it is now illegal to advertise, sell or supply a range of insecticides containing dichlorvos.

The news release from the Department for Environment, Food & Rural Affairs says: "Retailers should remove all such products from their shelves immediately, and may wish to contact their suppliers or local waste authority for details of how to dispose of them."

The decision followed ACP concerns that it could not rule out the possibility that dichlorvos is a genotoxic carcinogen. The suspension will remain in place until the ACP receives information concerning the mutagenicity and carcinogenicity of dichlorvos.

The complete list of products affected is available on the DEFRA website.

www.defra.gov.uk

FINANCE

Expenses data online

Details of the expenses incurred by Royal Pharmaceutical Society Council member Sid Dajani while on Council business have been posted at *www.sidsexpenses2001.freeserve.co.uk*. Mr Dajani set out his expenses in an article in *C&D* last week (*April 20, p14*).

The winners in this year's Platinum Design Awards received their prizes at the prestigious All England Lawn Tennis & Croquet Club (or Wimbledon for non-tennis lovers) last week. The winners and their guests, along with the judges and representatives from co-sponsors Ceuta Healthcare and *C&D*, were treated to a behind-the-scenes look at the famous club and lunch in the Debenture Lounge (see *pages 16-18*)

Hannawin new NPA chairman

Terry Hannawin has succeeded Gerald Alexander as chairman of the National Pharmaceutical Society. Hemant Patel is new vice-chairman while Wally Dove serves a second year as treasurer.

Mr Hannawin is the NPA's Northern Ireland regional representative and chief executive of the Pharmaceutical Contractors' Committee. He also manages the family pharmacy business in Ballymahinch in County Down. He has been a member of the NPA Board of Management since 1998.

NPA board member, Gerald Alexander (left) receives his NPA past chairman's medal from new NPA chairman, Terry Hannawin

Pharmacists slam vet wholesalers

Pharmacists have complained that veterinary manufacturers and wholesalers refuse to supply them, said the Competition Commission in its investigation into the supply of veterinary Prescription Only Medicines in the UK.

"Pharmacists have experienced difficulties in obtaining supplies of Prescription Only veterinary medicines, and in obtaining these supplies on non-discriminatory terms. One possible interpretation is that veterinary manufacturers and wholesalers have been influenced by veterinary surgeons in an attempt to maintain their control of dispensing," said the Commission in an issues statement published on April 16.

The Commission added: "The low level of prescriptions being written requires us to investigate whether animal owners are discouraged from demanding prescriptions... there are a number of ways veterinary surgeons could be frustrating the development of competition in dispensing."

On the matter of vets' pricing policies, the Commission said: "Some veterinary surgeons set selling prices by adding a standard mark-up to veterinary manufacturers' list prices, rather than to the much lower price that they actually pay after the distributor's discount and supplier's rebate are deducted. This may result in prices to animal owners being higher than they otherwise would be."

The Commission provisionally concluded that a "scale monopoly situation" exists in favour of National Veterinary Services Ltd, as it appears to supply at least a quarter of veterinary POMs to veterinary surgeons. This will be investigated further, along with issues arising from the practices of veterinary manufacturers, wholesalers and surgeons. A report is due by January 8, 2003.

The *Veterinary Record* said the Commission is approaching medicines supply by focusing mainly on price, so some of the potential issues may come as a surprise to veterinary surgeons.

For more information.

www.competition-commission.org.uk

Latest (33rd) Martindale published

The latest *Martindale* takes account of the fact that drug information is increasingly being published in electronic formats, including the internet.

The 33rd edition *Martindale: The complete drug reference* now cites online publications as well as traditional printed sources.

All drug monographs from the last edition have been revised, with over 160 deleted and 175 added. The 634 disease treatment reviews have also been revised to reflect current trends.

New monograph titles result from preferential use of Recommended International Non-proprietary Names.

Part 1 contains 4,293 monographs on drugs and ancillary substances, arranged in 51 chapters bringing together groups of drugs with similar uses and actions.

Part 2, supplementary drugs, has 852 short monographs including herbals, drugs not easily classified and drugs no longer used clinically but still of interest.

Part 3 has been extended to include proprietary preparations from 28 countries.

As usual, the book is published by the Pharmaceutical Press and prepared by Royal Pharmaceutical Society staff. It is also available on CD-ROM and there is a package offering the two together.

Price: £250

www.pharmpress.com *rpsgb@cabi.org*

Tel: 01491 829272.

Third SoP to open

A third school of pharmacy will take students from September 2003 in a joint initiative between the universities of Kent and Greenwich (*C&D, p4, 13 April*).

The School, to be based at the Universities at Medway campus in Chatham Maritime, Kent, will take around 40 students for the first year of the four-year MPharm degree.

Recruitment of a head of school and academic staff will begin soon and building work is underway to extend the facilities at the campus.

Health authorities will give money to prepare LPS bids

Would-be local pharmaceutical services providers will be able to apply to the local health authority for funding to help bids for the pilot schemes.

This is one of the regulations included in the first draft of the Statutory Instrument for LPS, due to go before Parliament soon. However, the document does not stipulate who can apply, opening the scheme to non-pharmacists.

The draft document has been circulated to pharmacy organisations, which have until April 29 to comment.

Subject to this feedback, other regulations state that:

- HAs may designate priority neighbourhoods or premises for those preparing proposals for a pilot scheme; awaiting the outcome of an application; or preparing to implement an approved scheme
- the HA must notify relevant people in the area when a priority designation has been made. This includes the local pharmaceutical and medical committees; the pharmaceutical list of that health authority or others who may be affected; dispensing doctors who may be affected; and the area's Community Health Council
- the HA will have to review designations every six months, taking into account comments received, and notify those listed of the outcome of the review
- designations may be cancelled by the HA if: proposals have not been submitted within 12 months; the scheme has been rejected; there is a change to the neighbourhood; or the scheme has not been implemented within 12 months of approval
- HAs will be able to defer applications to be included in the pharmaceutical list if the premises are the subject of a designation.

Although HAs will be able to provide funding for pharmacists to help them prepare bids, they will be able to demand repayment of all, or part of, the money if certain conditions are not met.

A Department of Health spokesman said that applications for the first wave of LPS pilots are still expected to be in June, with a second wave in November.

Lloydspharmacy, in partnership with Cancer Research UK, has launched a campaign to keep children protected from the sun. "Cool Kids Cover Up" targets headteachers and includes a pack for primary schools which includes information for lessons, advice and tips on sun safety and an art competition for pupils. Teachers will be warned that, on average, children will receive the equivalent of eight days of unprotected sun exposure during school days this summer term. That is because most children do not wear sun protection cream during the school day

LEGAL

Judge backs pharmacy EHC sales

The Royal Pharmaceutical Society and family planning groups have welcomed the decision to allow pharmacies to keep selling emergency hormonal contraception.

The High Court last week rejected a bid by an anti-abortion group to prevent such sales. The Society for the Protection of the Unborn Child argued that supply without prescription amounted to "procuring a miscarriage", a criminal offence under the 1861 Offences Against the Person Act. SPUC wanted the drug to be prescribed only with the consent of two doctors.

But the judge, Mr Justice Munby, ruled that miscarriage can occur only when a fertilised egg is implanted in the womb. He also found that choice of contraception is defended by Article 8 of the European Convention on Human Rights, which guarantees the right of all to "respect for private and family life". A judgement in SPUC's favour could have potentially outlawed all forms of oral contraception and the coil.

"I cannot see that it is any part of the responsibilities of public authorities – let alone of the criminal law – to be telling adults whether they can or cannot use contraceptive devices," Mr Justice Munby said.

Marshall Davies, Royal Pharmaceutical Society president, commented: "This landmark judgement endorses the right of women to make their own choices about their method of contraception. It is also an important recognition of the professionalism of pharmacists who will now continue to provide a highly valuable service to women in need of emergency contraception."

The Family Planning Association is delighted that "common sense prevailed". Chief executive Anne Weyman said: "This judicial review was a vexatious attack on women's reproductive rights and a dreadful waste of public and private time and money."

But SPUC wants to challenge the judgement in the Court of Appeal, and national director John Smeaton is planning a sponsored fast, taking water only for nine days in June, to raise funds to oppose abortion.

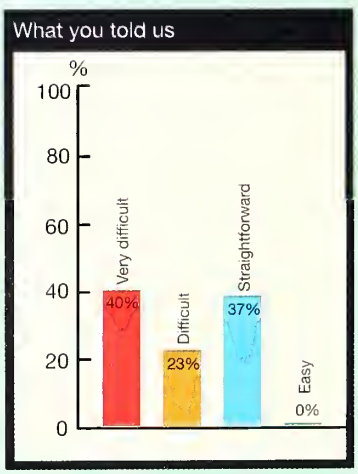
Questiontime

Last week we asked you: How difficult will it be for community pharmacists to be involved in supplementary prescribing under the proposals in MLX 284? (see right)

This week's question: On which basis should pharmacists make a claim for part of the NHS's extra £40 billion as announced in the Budget:

- new money for new roles
- catch up money for decreasing dispensing profitability
- both of these
- other reason(s)
- should not need to make a claim

You can record your vote on our website, *www.dotpharmacy.com*, on the home page. Select your answer and then click on the vote box. Your answer is automatically collated. You have until noon on April 30 to cast your vote. We will publish the results in *C&D*, May 4.



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The solution is Daktarin™ Gold, the first seven-day OTC treatment for mild athlete's foot*.

The key ingredient ketoconazole, and its strong affinity for keratin[1], means that not only is there no faster treatment for athlete's foot, but it also offers protection from relapse for weeks and weeks afterwards[2].

So, if you want to help out the nation's feet, recommend Daktarin Gold.

The first (7) day OTC treatment for mild athlete's foot*

***Between the toes** (1) Harris R, et al. *Antimicrobial Agents* [illegible]

www.daktarin.co.uk Enterprise House, Station Road, Loudwater, High Wycombe HP10 9UF

Johnson & Johnson · MSD
CONSUMER PHARMACEUTICALS

Daktarin™ Gold Product Information.
Presentation: White cream containing ketoconazole 2% w/w. **Indications:** Tinea pedis, tinea cruris and candidal intertrigo. **Dosage and Administration:** For mild athlete's foot: apply twice a day for one week. For more severe or extensive athlete's foot (eg also affecting the sole or sides of the feet): continue to apply the cream for at least 2-3 days after symptoms have cleared to prevent them coming back. For Dhobie Itch and Candidal Intertrigo: apply once or twice daily for at least 2-3 days after symptoms have cleared. **Contra-indications:** Hypersensitivity to any of the ingredients or to ketoconazole itself. **Precautions:** Not for ophthalmic use. **Interactions:** None known except possible corticosteroid interaction. **Pregnancy and lactation:** Not to be used in pregnant women. May be used during lactation. **Side effects:** Irritation, dermatitis and burning sensation may be observed. **Overdose:** In accidental oral ingestion, consider appropriate methods of gastric emptying. **Legal Category:** P. **PL:** PL0242/0107. **Price:** 15g tube £4.99. **PL Holder:** Janssen-Cilag Ltd, Saunderton, High Wycombe, Bucks, HP14 4HJ. **Date of preparation:** Jan 2001.

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*Topical Pain Relief Market. Source: Infoscan Data December 2001

ibuprofen

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IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DOO Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions (Ibuleve Gel and Ibuleve Sp Gel):** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Directions (Ibuleve Spray):** Apply 5 - 10 sprays (1 to 2 ml) massage into the skin over and around the painful site. Wash hands after use. Repeat 3 to 4 times daily. **Directions (Ibuleve Mousse):** Apply 1 to 2 g (1 to 2 golf-ball sized quantities) of mousse and massage into affected ar Wash hands after use. Repeat 3 to 4 times daily **Directions (Ibuleve Maximum Strength Gel):** Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. Ibuleve is also for pain relief in non-serious arthritic conditions. **Contra-indications:** Not t used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers, especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken skin, or wh there is infection or other skin disease. Not to be used during pregnancy or lactation. **Precautions:** Not recommended for children under 12 years without medical advice. If symptoms persist, consult a doctor or pharmacist at continued treatment. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interaction with blood press lowering drugs may occur, but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. **Side-effects:** In normal use, side-effects are very rare, may occasionally include allergic or localised skin reactions in susceptible individuals. Ibuleve Spray and Ibuleve Mousse are FLAMMABLE. Keep away from flames. **Legal Category:** P **Packs:** Ibuleve Gel (PL 0173/0060) - 3 RSP £3.89 (£3.31 exc. VAT) and 50g, RSP £5.39 (£4.59 exc. VAT), Ibuleve Sports Gel (PL 0173/0060) - 30g, RSP £3.95 (£3.36 exc. VAT), Ibuleve Spray PL 0173/0160) - 35ml, RSP £4.75 (£4.04 exc. VAT), Ibuleve Mou (PL 0173/0168) - 75g, RSP £7.95 (£6.77 exc. VAT) and 125g, RSP £10.60 (£9.02 exc. VAT), Ibuleve Maximum Strength Gel (PL 0173/0176) - 30g, RSP £4.95 (£4.21 exc. VAT) and 50g, RSP £6.95 (£5.91 exc. VAT).

POLITICS

APPG welcomes prescribing move

The All-Party Pharmacy Group has welcomed proposals to allow pharmacists to prescribe.

"We investigated pharmacist prescribing last year and our report to ministers recommended precisely what [health minister] Philip Hunt is now proposing," said APPG chairman Dr Howard Stoate MP.

"It makes sense to utilise the skills and training of pharmacists to best effect, and supplementary prescriber status – as proposed by the Government – will enable that to happen. It will improve team working between pharmacists and doctors, and that can only be good news for patients and the NHS."

Dr Stoate anticipates patients with long-term conditions such as asthma or diabetes will be the main beneficiaries.

The APPG also announced this week a positive response from Lord Hunt to two of its reports.

Dealing with direct to consumer advertising of medicines, the minister said the Government shared the APPG's concerns. "He also agrees with us on the crucial importance of ensuring that patients receive clear, comprehensive and objective information about the medicines they are prescribed, and the Government has now implemented EU legislation to achieve that," said Dr Stoate.

Lord Hunt has asked the Medicines Control Agency to consider how to take the recommendations forward.

As for a report on electronic prescribing, the minister has indicated the Government's support to see the interchange of electronic data rolled out.

NORTHERN IRELAND

NPA helps pharmacists' election to LHSCG boards

The National Pharmaceutical Association has produced a resource pack to help pharmacists apply for membership of management boards of local health and social care groups (LHSCG) in Northern Ireland.

LHSCGs, statutory committees of the Health and Social Services Board, must include one community pharmacist on their board (*C&D, February 23, p4*).

"Without an effective voice on the LHSCG management board, community pharmacy will find it more difficult to influence its own future," warns the NPA.

Also available from the Ulster Chemists' Association and the Pharmaceutical Contractors' Committee, the pack covers roles, responsibilities and governance of LHSCGs, interview techniques and presentation skills.

For more information:

nhs.dev@npa.co.uk

WALES

Pharmacist is proposed for chair of Welsh LHB

Community pharmacist Richard Harrison has been proposed as chair of Flintshire Local Health Board from April 1, 2003. He is one of six candidates proposed as chairs of LHBs in Wales. They serve a three or four year term.

"The appointments reflect a wide range of local and professional expertise and knowledge. They will provide the leadership we need to take forward local health boards and their agenda for health improvement in Wales," said Jane Hutt, Welsh minister for health and social services.

As stated in the Welsh NHS plan *Improving Health in Wales*, LHBs will build on the existing 22 local health groups. They will be responsible for commissioning, securing and delivering healthcare for the local population.

For more information:

www.wales.gov.uk

Lambeth OUTLOOK

A tough assignment

Has the Wanless report pushed the Chancellor into promising too much, asks Beverley Parkin, director of public affairs at the Royal Pharmaceutical Society

It was a tough assignment from the Chancellor, Gordon Brown. He asked Derek Wanless, former head of NatWest, to advise him on how the NHS could best cope in the future. Having looked at health trends, Mr Wanless realised he also needed to examine social care.

But time was short and he'd only scratched the surface of the wider subject before his final report was due. Even without the full report, though, his analysis must have raised an eyebrow on the Chancellor's stoical face.

The NHS, Mr Wanless said, needs up to £184 billion a year, at today's prices, by 2022. This year's NHS budget is £65.4bn. There have been political disagreements about NHS resources for many years but this number – produced by an independent outsider – was higher than many had dared think.

Of course, Gordon Brown had expected to be told more money was needed. Knowing there would be little choice but to raise revenues, the Government had been softening us up for tax rises. Over the next five years, the Chancellor plans to raise some £40bn for health – what he calls "the largest ever sustained increase in NHS resources". By 2007/08, NHS spending will have risen to £105.6bn a year.

The NHS is getting a 7.4 per cent a year real term increase for five years. Mr Brown is anticipating demands from the social care sector by offering an average 6 per cent increase for at least the next three years.

Although his Budget speech did not specify where the money will go, he also seems to have won a long-standing argument.

Health Service insiders have often said: "Give us the money and we will reform." Mr Brown believes money should follow modernisation, not the other way round. Consequently, the NHS is to get yet more new structures to account for the extra billions.

Hot on the heels of the Budget, health secretary Alan Milburn announced a new statutory system for independent audit in the NHS – another tier of inspection to ensure the new money is spent to its best advantage. Mr Milburn also announced plans for new "financial management incentives" to aid reform, giving greater freedom to hospitals and trusts in return for improved performance. It is similar to his earlier idea for the top trusts to become almost "semi independent" providers, part of the NHS, yet not bound by all of its rules and regulations.

The other main parties at Westminster have been left dazed and confused by the scale of the Budget announcement. For the Liberal Democrats, Dr Evan Harris could do no more than hope the money would be "spent efficiently, so that it provides more staff, more useful equipment and extra capacity".

Conservative leader Iain Duncan Smith said the funds would be wasted. "We want to change the system first, to make it better," he said, without saying what he would replace it with.

The Chancellor is taking a political risk based on several factors: that the economy will grow, that voters will accept the need to pay up front, and that noticeable change can be delivered quickly. Moreover, the national insurance rise that will help pay for his new NHS doesn't take effect until April 2003. We all have a year in which to expect improvements, but without much extra money actually being invested. Interesting times indeed.

Bank charges reclaimed

A Bolton pharmacist has successfully reclaimed £6,000 in bank charges with the help of ABA, the bank charge auditor owned by the Consumer Association's trading arm, Which?

Frank Gatley, who owns Frank Gatley Ltd, contacted the ABA in June 2001. An initial free consultation and subsequent full audit carried out by ABA revealed that the Royal Bank of Scotland had overcharged Mr Gatley by more then £6,000 during a seven year period starting in 1994.

The charges related to cash handling and the paying-in or drawing of cheques as well as regular payments.

ABA auditors found that the RBS was charging customers a percentage of the turnover going through the account rather than on an item-by-item basis.

"This is not a very open and transparent way of charging customers. The problem is when this rate is not reviewed regularly to accommodate increases in a pharmacy's turnover," said the ABA's Rod Springall.

He stressed that the RBS was not the only bank using this system but added that, if pharmacists were charged on a credit turnover basis, they should insist on their bank reviewing the charges at least once a year.

The RBS repaid the money and the case was resolved within two months of the claim being made.

For more information:

Tel: 0800 0858050 (ABA).

PPA gets ready to simplify reimbursement rules

The Prescription Pricing Authority intends to simplify its endorsement and reimbursement rules in preparation for electronic transfer of prescriptions.

Part of the PPA's five-year business strategy, the aim is for a short, simple coding system for common, routinely dispensed products. The current complexity of the PPA's reimbursement system means that up to nine separate rules can apply to the same dispensing event.

While it has been feasible to handle the rules manually, the PPA's director of planning and corporate affairs, Mike King, said the rules would create incredibly vast codes if they were set in software.

A default code (AP, dispensed as prescribed) has been established alongside several other additions, particularly those related to the introduction of the Euro.

Pharmacists will be required to fill in the patient exempt categories until a system is found which enables patients to tick an electronic form themselves. But, Mr King added, "...this is not just about unpicking the complexity of current rules – it is also about influencing the development of future rules."

The PPA aims to identify the blueprint for re-engineering its systems by October. ETP is due to become routine by 2004 and is expected to be rolled out to the majority of pharmacies and GP surgeries by 2008.

Meanwhile the PPA is also working on a electronic Primary Care Drug Dictionary which it will make available to pharmacy system suppliers.

The dictionary, due to be completed by the end of the year, will provide a common description for all products available in the UK.

It is intended to replace the current drug master file.

The PPA hopes that, once the dictionary is widely in use across primary care, it will remove some of the ambiguity between prescribing and dispensing information, which has contributed to the complexity of the existing rules.

For more information:

www.ppa.org.uk/news/strategy

Bill Fullagar, left, handed over the Association of the British Pharmaceutical Industry's presidency to Dr John Patterson, right, AstraZeneca's executive vice president (product strategy and licensing) at the ABPI's annual dinner. Guest of honour was health minister Hazel Blears. Mr Fullagar, who is also retiring as chairman of Novartis UK, has been at the ABPI's helm for two years. Mr Patterson praised his predecessor as "a man of absolute integrity" who left the ABPI "in better shape than when he found it"

Numark launches VMS initiative

Numark is launching VMS Premier Club, an initiative aimed at maximising the sales potential of the vitamins, minerals and supplements category in independent pharmacies.

Numark members signing up to the scheme, which is sponsored by Roche Consumer Healthcare, will receive store-specific planograms and point of sale material.

There will also be accompanying training modules, developed by Roche.

There are no joining fees or stock allocations associated with the initiative, which is the third clustering scheme by Numark.

The other two, oral hygiene and Baby & You, are run in association with Procter & Gamble.

The Baby & You scheme is also being relaunched. This scheme features the Pampers loyalty card and exclusive money off coupons.

Members of the scheme will also be supplied with training materials and are eligible for special promotions and offers.

"The VMS and babycare markets in pharmacy have been continually eroded by the large multiples over the last few years," explained Andrew Sollitt, Numark's marketing director.

"With these schemes we want to demonstrate the added value benefits to consumers of shopping at their local community pharmacist."

For more information:

Tel: 01827-841200.

Boots to demerge Halfords

The Boots Group is to demerge its car parts and cycle retailing business, Halfords, to increase its focus on healthcare. While a demerger appears to be the board's preferred option, Boots is also considering a sale of the subsidiary. Halford's managing director, Rod Scribbins, is expected to become chief executive of the demerged company.

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New company takes over Bioglan's generic business

A new player has emerged in the generics market following a management buy-out (MBO) of Bioglan Generics Ltd.

Newly-formed Niche Generics has acquired all assets of the business – the second subsidiary sold by administrators for Bioglan Pharma plc. American company Quintiles Transnational recently bought the group's US subsidiary for an estimated £18.5 million.

The MBO was funded by Indian pharmaceutical company Unichem Laboratories, based in Mumbai (no relation to Alliance UniChem or UniChem plc), which invested just over £3m and has a 60 per cent stake. The management team, led by chief executive Lynda Foster, holds the remaining 40 per cent and has full management control.

John Josephs continues as new business director, while Geoff Ansell remains technical and development director. Niche's finance director is Chris Moss.

As the name suggests, the company's focus will be on niche generics, which are often based on more complex compounds and are not necessarily targeted by the bigger generic companies.

Niche Generics Limited

The core business strategy involves in-licensing arrangements as well as Niche's own-product development projects. Ms Foster said the latter will, to a large extent, take place in India in partnership with other companies, enabling Niche to "launch in Europe on the first day of patent expiry".

In the UK, Niche's products are available from wholesalers, while distribution in continental European countries is through larger generic houses such as Ratiopharm (Germany). Irish pharmacists and doctors are supplied directly.

Currently still based on Bioglan premises, Niche is looking for new head offices in the Hitchin/Stevenage area. It is also building a packaging plant next to the existing factory in Dublin.

Thirty of the 50 employees are based in Ireland, and the company will be recruiting sales and regulatory staff.

Regulatory affairs, such as mutual recognition approval, are dealt with from offices in Clonmel (Tipperary/Ireland).

Niche expects to achieve sales of just under £8m over the next 12 months. The division's turnover last year was £4.5m.

For more information:

customerservices@nichegenerics.com
Tel: 01462-633800.

ComingEvents

APRIL 29
NICPPET,
Improving the Use of Computers in Business, at the Beeches, Belfast, 9.30am-5pm.

APRIL 30
NICPPET,
Improving the Use of Computers in Business, at the Beeches, Belfast, 9.30am-5pm.

NICPPET,
Building the Community – Pharmacy Partnership, at the Adair Arms Hotel, Ballymena, 7.30pm.

MAY 2
NICPPET,
Building the Community – Pharmacy Partnership, at the Canal Court Hotel, Newry, 7.30pm.

HI Weldrick, the South Yorkshire-based pharmacy chain, has won two business awards from Doncaster Chamber of Commerce. The regional multiple received the award in the Success through People category as well as the Special Achievement Award. Weldrick's training manager, Marilyn Jones, was presented with the award by regional BBC News presenter Harry Gration (left) and Howard Gannaway, president of Doncaster Chamber of Commerce

Nucare's private consultation solution

Nucare is launching a simple way to create professional consultation areas. A Nucare-branded screen is used to section off at least 2.25m², giving enough room for two chairs and a table.

The 1.95m high opaque acrylic screen comes as a permanent fitting, or on castors, so the screen can be folded away after use.

The initiative is part of Nucare's Healthcheck Today branding programme. Members of the marketing group are offered a discount, with the fixed screen retailing at £1,493 (normal price £1,800) and the folding system at £1,734 (normal price £1,999).

For more information:

Tel: 0208-7312525 (Reena Jogia).

Canesten CAN

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Canesten® AF
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BIFONAZOLE CREAM
FOR ATHLETE'S FOOT
NEW

- Bifonazole penetrates the skin[1] giving 24-hour,[2] broad-spectrum activity, and providing effective treatment for the whole foot

The only water-resistant, ONCE DAILY azole for athlete's foot

Comment from the Editor

Nurses meeting in Harrogate this week made it clear they are looking for a "catch up" pay rise of around 10 per cent from the new NHS billions promised in the Budget. Pharmacists, with their dispensing hats on, might want that too. But they also want to fund new services and make primary care more efficient and effective for patients. Who has the more appealing claim?

Despite the near universal welcome for the boost in NHS funding, there is a dawning realisation that a substantial chunk of the money pledged over the next three years will disappear in making good past deficiencies in staffing, salaries, buildings and equipment – mostly in the hospital sector. Yet the thrust of NHS policy is to reduce dependence on secondary care.

Primary care, with an emphasis on preventative rather than curative medicine, and care in the community rather than the institution, needs investment too. But, because it moves health provision into new territory and the business case has to be made, it will be harder to pin down money. And, of course, the new GP contract will need funding, with all the political blustering that will entail. So it is too early to tell whether this cash will actually deliver anything better for patients.

Pharmacists will still need to fight for funding to show the effectiveness of the new services they want to deliver. In this respect, though, the cash injection could not have come at a better time. Talks on a new contract in England are starting, supplementary prescribing is on the way, and many national strategy initiatives are moving to the point where they need proper funding. The Government will need something to show for all the investment, and community pharmacists are nicely placed to provide it. While the big picture is positive, the fight for recognition at primary care organisation level is not going to get any easier. But the big picture does matter, and it is all too easy to lose sight of it.

Pharmacists still need to fight for funding to show the effectiveness of the new services

Yourviews

Dr Karen Hassell is a senior research fellow at the School of Pharmacy, University of Manchester. She is reviewing skill-mix issues in community pharmacy for the DoH

Skill mix: help us to help you

Pharmacists in the new NHS – a review of roles, responsibilities, developments and innovative schemes in skill mix. It's a pretty daunting title, and there is not much published research material to draw on. This is largely because practical examples of how community pharmacists are using technicians and support staff are being tested and are not complete.

So how are you dealing with the shortage of pharmacists? Have you changed the way you work to create an enhanced role for your technicians or support staff? If so, we would like to hear from you.

Optimal skill mix and organisation of work are critical components of the Government's plans to put pharmacy at the forefront of its roll-out of medicines management in primary care. Skill mix is clearly flagged up as an issue in *Pharmacy in the Future*. It is timely, therefore, to explore whether recent initiatives in NHS hospitals can be as productive in patient outcomes within a community pharmacy setting.

My team of researchers at Manchester has been commissioned by the DoH to describe and assess research evidence on the innovative organisation and structure of work in community pharmacy. We are particularly interested in schemes that make the best use of pharmacists' skills and their support staff, while maintaining safe and efficient systems in keeping with the principles of clinical governance for community pharmacy.

A review of available published information, including material that reports findings from pilot and feasibility studies, is almost complete. The second stage of the study will involve a "scoping" exercise of work in progress.

We hope to glean information from interviews with key personnel within pharmacy multiples and other UK representative bodies; national bodies from other countries; and senior officers within PCG/Ts. We also propose to test the workability of developments identified in the review through the use of focus groups with community pharmacy staff.

As part of the second stage of the study, we hope to undertake a review of developments around innovative skill mix in community pharmacy and primary care by learning what practitioners and managers are currently doing.

If you or your organisation have instituted any such developments involving pharmacists or support staff, the research team would like to hear from you.

Please phone or email Karen Hassell on: 0161 275 2422 *karen.hassell@man.ac.uk* or Phillip Shann on 0161 275 4538 *Phillip.shann@man.ac.uk*

BlackBAG

Money is the route of all idylls

Gordon Brown's Budget promised badly needed cash for the NHS and Joe Public welcomed the tax for the Health Service.

Ironically, for years the British Medical Association was told that "people will not vote for tax rises". But if someone else is forking out, in this case the better off or your employer, it helps.

But a great deal depends on where the money ends up. Heaven help us if somewhere in Whitehall the doctors of spin are thinking "Consignia". What the NHS needs more than beds, doctors, nurses and, especially, pharmacists, is a nice new name such as... PPH, or Private Partnership Health.

After all, you can hardly call it a "National" Health Service when substantial numbers of patients end up in French hospital beds.

Some point out that simply throwing money at the Health Service doesn't necessarily produce results. Scotland, for instance, spends a lot more per head of population than England.

On this basis, if we spent less on the Health Service it would improve dramatically

The fact that there is a 10.7 year difference in average male life expectancy, and that Scotland holds the European record for cardiovascular disease, is beside the point. On this basis if we spent less on the Health Service it would improve dramatically.

The NHS has been starved of funds by successive governments, and talk of a privately funded service is a red herring. By all means cut waiting times with short term initiatives, but strategies preventing people becoming sick in the first place would help. Giving some of the money to schools to provide fresh fruit in the classroom and making it safer to cycle there will pay dividends in the future. But the NHS is an idyll and money is a sure route to it.

Dr Ian Banks is a GP practising in Northern Ireland

TOPICAL REFLECTIONS

Time the DoH told us about LPS

Dr Darrin Baines appears to be the self-appointed expert on local pharmaceutical services. He actively promotes his ideas at every opportunity and, to his credit, has achieved a high level of press coverage. LPS concern me because I still do not understand how their introduction will be structured or how I am expected to be involved (see *p37* this week where your FAQs are answered – *Editor*).

It is particularly worrying, if rumours are true, that LPS will be funded by top-slicing the global sum. If responsibility is devolved to primary care trusts to allocate these resources to schemes approved locally, I dread the outcome.

I really should learn about LPS and I need to learn fast. This is where Dr Baines offers a service through medM, his conference organisation. He understands my concerns. For the minimal sum of £575 plus VAT I can join him at a two day conference in Milton Keynes to learn how to develop a bid or, for only £250 plus VAT, I can attend his one day programme of presentations designed to improve my understanding.

So why am I not going? Even the one day conference would cost me at least £500 after travel and locum costs are included. I resent paying such sums for information that should be forthcoming from the Department of Health by now for free. That the DoH has not properly provided that information has provided medM the opportunity to commercially exploit the justifiable fears of both community pharmacists and those working in the public sector.

Will pharmacy get some of Gordon's NHS budget?

Gordon Brown has promised the largest sustained publicly-funded increase in the NHS budget since the inception of the Health Service half a century ago. A consequence of this commitment must be that government plans for community pharmacy, as outlined in *Pharmacy in the Future*, will continue to be rolled out.

Only last week proposals for supplementary prescribing by pharmacists and nurses by 2003 were put out to public consultation. Local pharmaceutical services frameworks are also being developed and, if the Pharmaceutical Services Negotiating Committee's optimism is vindicated, the year 2002/03 could be the last in which I am required to work under my old contract.

So is Utopia just around the corner? Certainly expectations could not be higher but, despite all the excitement, I have read little about how these aspirations are to be funded. PSNC talks about a 50 per cent under-funding for the present contract: add that to the extra resources necessary to provide the accredited technicians, uprated IT systems and new consultation room in my pharmacy, and then how much money will be left from Gordon's largesse to fund the imminent new GP contract with its increased income, less hours and improved job satisfaction?

So be careful about raised hopes for pharmacist supplementary prescribing. I consider the logical way forward would be to introduce systematic, pharmacy-based repeat dispensing first, and then develop supplementary prescribing on the back of this natural extension of the community pharmacist's role.

But no! It is supplementary prescribing first and hidden in the consultation document is the possible reason. Supplementary prescribing will not be obligatory on all primary care organisations. Any introduction will be at the discretion of the PCO in order to meet local priorities.

I can just see the result in my area: money for updating pharmacy premises, training, and better computers? Pharmacists? No! Much better to fund the status quo. Employ more nurses. QED!

Platinum Pharmacy Design Awards

Innovation was the key theme in this year's Platinum Pharmacy Design Awards. Sponsored by *C&D* and Ceuta Healthcare, the high calibre of entries gave the judges a tough time

The All England Lawn Tennis & Croquet Club in SW19, home of the world's most prestigious tennis tournament, was a fitting place for the winners to receive their prizes in the seventh Pharmacy Design Awards.

This year the winners reflected the greater focus within pharmacies on professional activities and the promotion of the pharmacist as an accessible health professional.

"It has been interesting over the years to see different design styles come and go. The focal point of pharmacies is shifting away from the front shop and towards the medicines counter and a much more open dispensary area," said Patrick Grice, *C&D*'s editor and chairman of the judging panel.

"If ever our Government paymasters need an example of what the private sector can and is prepared to do to support NHS primary care, they need look no further than the businesses gathered here," said Mr Grice.

"All entrants demonstrated good business enterprise," said Edwin Bessant, Ceuta's chief executive and a member of the judging panel. "The finalists were difficult to differentiate.

"Independent pharmacies are starting to follow multiples in terms of creating a better business environment. However, they can go one step further by tailoring their business to the needs of their local community," he added.

This year the judges were looking for pharmacies that developed a strong professional and commercial environment, providing services essential for their local community.

"Given the number of tasks you are asked to fulfil, and commercial demands from an increasing healthcare portfolio, using your space and design of pharmacy effectively and efficiently is a real challenge," said Mr Bessant.

Ceuta chief executive Edwin Bessant (left) congratulates Stewart Bannerman, from Glasgow, on winning the major refit category

The Judges

- **Edwin Bessant** Chief executive, Ceuta Healthcare (left)
- **John D'Arcy** Chief executive, National Pharmaceutical Association (right)
- **Martin Noble** President, National Association of Shopfitters

The winners

Game, set and championship went to Bannerman's Pharmacy from Possil, Glasgow. A truly innovative approach resulted in Stewart Bannerman receiving £2,000 for winning category 1, for a major refit.

A fact unknown by two of the judges was that Bannerman's had been selected as a prototype for a model pharmacy in Scotland. The Scottish Executive awarded Greater Glasgow Primary Care Trust (GGPCT) a grant to help defray the project's costs.

The aim was to design a health-focused pharmacy which delivered innovative services in an area of high depravation. The result is a pharmacy used by various agencies to address the local population's health needs.

There is a consultation area for patient discussion and methadone supervision; two semi-private areas with seating for more confidential discussions; and a private treatment room.

Nothing is sold apart from Pharmacy and GSL medicines,

Design Awards

Category 1

Newly opened pharmacy or a major refit involving all or a major part of the shop floor

Winner:

A G Bannerman Ltd.
Proprietor – Stewart Bannerman (£2,000)
Shopfitter – Dollar Rae

Joint runners-up:

Vale Pharmacy.
Proprietor – Andrew Gush (£1,000)
Shopfitter – BAPTT

Flora Fountain Pharmacy
Proprietor – Punil Shah (£1,000)
Shopfitter – Dollar Rae

Category 2

Special fittings such as innovative dispensary features, new shop front designs and novel retail fixtures

Winner:

Hamill's Pharmacy
Proprietor – Marian Hamill (£1,000)
Shopfitter – Malachy Hamill

Category 3

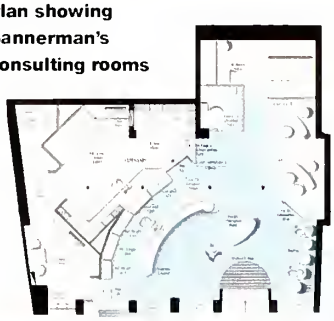
Best consultation area

Winner:

Lansdales Pharmacy
Proprietor – Khalil Khaliq (£2,000 holiday)
Shopfitter – Numark

Bannerman's Pharmacy in Glasgow won the award for a major refit. The pharmacy now boasts four graduated areas of privacy for patient consultations

Plan showing Bannerman's consulting rooms



Andrew Gush (left) from Vale Pharmacy in Wales, runner-up in category 1, is pictured with his shopfitter Matthew Jones (centre), of BAPTT shopfitters, and Martin Noble, president of the National Association of Shopfitters

"Visible, accessible, yet private, well signposted and cleverly done," is how the judges described Khalil Khaliq's winning entry for the best consultation area

and oral hygiene products. Following the refit, prescription numbers have risen 25 per cent even though the local surgery is above the premises.

Bannermans intends to offer a range of services such as medicines management, and warfarin, asthma and flu vaccination clinics. However, Mr Bannerman warns that "all the services will have to provide a profit".

David Thompson, director of pharmacy at GGPCT, says the success of Bannerman's Pharmacy has resulted in 10 other sites being approved for grants, including three in Glasgow.

Runners-up in category 1 are Vale Pharmacy in Llantwit Major, and Flora Fountain Pharmacy in Uxbridge, West London.

Andrew Gush's Vale Pharmacy was at the wrong end of town, in the wrong location, with no infrastructure and had been without investment for years. He moved the business to a strong retailing area near a car park and convenient for the GP surgery.

The result is a pharmacy that exceeds the challenges set by the NHS Plan, said Mr Gush, with a consultation area, diagnostic testing, medicines management services and a computer where patients can search and print off medical information for free.

Approval from Welsh health minister Jane Hutt came when she

Continued on page 18 ▶

Punil Shah (left) of Flora Fountain Pharmacy in Uxbridge, joint runner-up in category 1, pictured with his guest Mr R Harania

Flora Fountain Pharmacy's uncluttered medicine counter and the discrete counselling area impressed the judges

The Platinum Pharmacy Design Award winners show off their plaques. Standing, from the left: *C&D* editor Patrick Grice; Stewart Bannerman; Ceuta chief executive Edwin Bessant; Punil Shah; Andrew Gush; Khalil Khaliq. Seated, from the left: Annette D'Abreo, Ceuta's deputy managing director; Marian Hamill

◀ *Continued from page 17*

visited the pharmacy in January and hailed it an example of where the profession should be heading.

The development of a large shopping centre opposite Flora Fountain Pharmacy, pushing it from a tertiary to a primary location, prompted action from proprietor Punil Shah.

The trebling of the dispensary area, automatic doors, air conditioning and a third of the shop floor being allocated to complementary medicine, vitamins and herbs, has produced a 50 per cent increase in ethical trade and a 10-15 per cent increase in counter sales.

The monetary award will be put to good use, said Mr Shah. He is planning nutrition, chiropody and healthy living clinics.

Despite design problems due to its long, thin shape, the judges appreciated the uncluttered look of the medicines counter and the discrete counselling area that Mr Shah and Dollar Rae created.

"It has been stressful but the results are worth it," said Marian Hamill on winning the category 2 award for a new shopfront. Despite the lack of specialist help, Mrs Hamill and her husband Malachy, an engineer, designed a professional frontage that has created interest among customers and fellow traders in Portadown, Northern Ireland.

Curved window frames in mahogany; granite plinths; black fluted pillars finished with gold leaf; stained glass panels; and decorative wrought iron framework all reinforce Hamill Pharmacy's professional image.

Hamill's Pharmacy in Portadown, Northern Ireland, has attracted interest from customers and fellow traders with its curved window frames, fluted pillars and stained glass panels

Khalil Khaliq (right) pictured with Mike Johnson who oversees Numark's shop refitting programme

The result was a 40 per cent increase in the sale of pharmacy medicines and pharmacy-related products. Mrs Hamill will share her winnings with her staff.

"Visible, accessible yet private, well signposted and cleverly done," is how the judges described Khalil Khaliq's winning entry in category 3 for the best consultation area, which caught their eye following Numark's complete refit of Lansdales pharmacy in High Wycombe. The design aim was to accommodate diagnostic services such as blood pressure monitoring and cholesterol testing within the consultation area. "I felt that to carry out these services I would need an area not only private but somewhere patients would feel comfortable," said Mr Khaliq. The area has two end panels to create a private area.

Since the refit, sales of OTC lines have increased by 40 per cent and prescription numbers have risen by 25 per cent.

Mr Khaliq is planning to use his prize to take a holiday in Ibiza.

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Footcare is big business - and now, there's a completely new range of products for feet to feel good about. New Footeeze from Lanes is the first ever range of natural foot care products to warm, soothe, revive and refresh feet. With its striking 'Don't forget your feet' consumer advertising campaign, Footeeze is just what your customers have been waiting for.
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• Made with natural ingredients
• Lanolin Free
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• Eye-catching packs in unique display tray
New footeeze
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or email sales@laneshealth.com

Vantage Conference

Delegates attending the 20th Vantage Conference in Cape Town last week heard some of the issues facing South African pharmacy

Compare and contrast...

Pharmacy in South Africa is facing a range of threats similar to the UK. There are also some lessons that might be learnt, according to Nathan Finkelstein FRPharmS, an independent pharmaceutical consultant and senior South African pharmacist.

Key among these were dispensing doctors (also referred to as "trading doctors"), courier/postal dispensing, non-pharmacist ownership, overseas recruitment and diminishing margins, he said.

About half of GPs are dispensing doctors, and the number is increasing. "They have the power of the pen so they can change brands," he said. He was also concerned that, although the law states it must be the doctor personally who dispenses medicines, this was not often the case. "Is it in the public interest that this practise carries on?" he asked.

In terms of remote dispensing, one company claimed to dispense 170,000 items per month by post. There was concern over reliability, for example maintaining suitable storage conditions for insulin, or making sure urgently needed medicines are not delayed in the post.

"And how can you dispense pharmaceutical care when the medicine is coming from a faceless institution; where's the counselling?" he asked. "Is this in the public interest? No."

One factor contributing to this "disaster" had been a decision to remove an ethical rule which said that medicines should only be supplied to people known to the pharmacist. "That was scrapped and the flood gates opened."

Nathan Finkelstein: please don't "poach" our pharmacists and nurses

VANTAGE *health watch*

Non-pharmacy ownership is set to change. Until 1997, pharmacy ownership was restricted to single pharmacists, but a new Health Act gave power to the health minister to decide who may own a pharmacy, and under what conditions. The question is when is this going to happen and under what conditions, asked Dr Finkelstein.

He also asked that consideration be given to overseas recruiting of professional staff, including pharmacists. "We are very worried about the situation," he said, noting that, besides pharmacists who are being "poached", some 300 nurses a month are being lost from South Africa's healthcare workforce. "As a member of the Commonwealth, please do not take any more," he urged.

Pharmacy technicians are registered with the governing Pharmaceutical Council of South Africa. "We feel that anyone working in a pharmaceutical environment should be registered under one body," said Dr Finkelstein.

Below: the Table Bay pharmacy in Cape Town

HIV affects a quarter of the population

One of the main public health problems in South Africa is HIV/AIDS. But with this, diseases such as malaria and tuberculosis are able to take advantage of the immuno-compromised state, so are increasing in incidence. It is estimated that about a quarter of the population are infected with HIV, with some provinces up to 37 per cent. The greatest prevalence is among the 20-29 age group, which will have serious implications for the future as it is the youth which is being decimated. Pharmacists are involved in handing out condoms as part of the campaign to try to limit the spread of HIV, but another possibility would be to supply anti-retrovirals to pregnant women to help limit transmission to the next generation. However, the cost implications mean this is impractical.

STATUTORY COMMITTEE

Reprimand for flouting safety regulations

A renowned pharmacist risked patients' lives by flouting drug safety rules at his manufacturing facility, the Statutory Committee was told on March 19.

Kisor Solanky provided a number of NHS trusts with chemotherapy preparations made by his company Prepack Direct Ltd, of Bounds Green Road, Wood Green, London. But when inspectors from the Medicines Control Agency and the Royal Pharmaceutical Society visited the premises last year they found safety regulations flouted.

Mr Solanky, of New Barnet, Herts, admitted the offences and was found guilty of misconduct and reprimanded by the Society's Statutory Committee.

At an earlier hearing in July 2001 the Committee was told that when officials made an unannounced visit to the injectable medicines factory there were clear breaches of good manufacturing practice guidelines.

The inspection came after managers at Heatherwood & Wexham Park NHS Trust were concerned that they were misled about Mr Solanky's business during a meeting on January 22 last year.

Mr Solanky accepted preparing chemotherapy drugs for injection while flouting the rules between March 2000 and January 2001. The drugs were supplied to a number of NHS hospital trusts.

At the hearing Richard Lissack QC, for the pharmacist, said Mr Solanky was responsible for pioneering a ground-breaking system of drug preparation using robot technology.

Committee chairman, Lord Fraser of Carmylie QC said the Committee found Mr Solanky guilty of misconduct and it was sufficiently serious to justify striking him from the Register.

But, in choosing not to do so, he said: "We are conscious Mr Solanky's appearance before us will have been costly to him and a stressful experience. In this case there can be no real risk of any repetition by him of these failures and the public might be better served having him back at his research and development than by having him struck off."

PSNI

Northern Ireland pharmacy floor was 'covered with cigarette ash'

A Northern Ireland pharmacist whose premises were "worthy of severe criticism" has been warned that his Pharmaceutical Society will obtain a court injunction to prohibit him practising if he tries to do so after the end of April.

But William McCormick, whose pharmacy is in Richmond Gardens, Newtownabbey, Co Antrim, told the Statutory Committee of the PSNI on February 21 that he had agreed to sell his business, did not intend to practise as a pharmacist after April 30, and would not apply to re-register in May.

Mr McCormick was referred to its disciplinary committee by the Society, which alleged severe deficiencies in the physical standard of the pharmacy, and in standards of practice.

Pharmacy inspector Dr Michael Mawhinney said he visited the pharmacy on October 1, 2001, accompanied by Joe Gault, a pharmaceutical officer from the Department of Health. There was an "overwhelming smell of cigarette smoke" on entering the building, he said. There were cigarette butts and burns on the dispensing bench and butts in the dispensary sink.

"The floor area in the dispensary was filthy, covered with cigarette ash and pharmaceutical waste. The exit was blocked with stock. There was a large ingress of water with mould growth in this area," said Dr Mawhinney.

Behind the counter the floor tiles needed repair and waste had accumulated. In the toilet area the hot water was not functioning. The dispensary fridge was packed to capacity. Mr McCormick produced the thermometer from a returned bag of medicines – it was broken and the last temperature reading had been recorded on September 16, 2001, said Dr Mawhinney. A container of temazepam 10mg had been left out uncapped over the lunchtime prior to his inspection.

Mr McCormick had received previous warnings about the state of his practice. It was acknowledged that efforts had been made to bring things up to standard after an inspection in February 2000. An environmental health officer had also issued a warning in September 2000.

Mr McCormick said his daughter, who was the only other person who worked in the pharmacy, had been ill and he had found it difficult to manage on his own.

On the day of the October inspection he had been busy and did not have time to put orders away, which was why the exit was blocked.

He accepted he should have not been smoking in the dispensary and had not done so since October. But he said he had never been told to put hot water in the toilet. He and his daughter were the only staff and there was hot water in the dispensary.

He went on to say he had been a pharmacist for over 22 years and although he was not proud of the premises he gave a good service. He was seldom home before 7pm.

The Committee chairman, Mr T Ferris QC, said there was no doubt that Mr McCormick's premises were worthy of severe criticism. The points highlighted by the pharmacy inspector showed that standards fell below what would be considered good professional conduct.

On the understanding that Mr McCormick would not practice after April 30, the chairman adjourned the hearing until June 6.

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In the second in her series on cardiovascular disease, *Dr Imogen Savage* discusses the management of hypertension

The pressure's on

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- To understand what causes hypertension
- To understand the risks of untreated hypertension
- To be aware how risks are assessed
- To understand the drugs used in treatment
- To be aware of compliance issues

Most medical conditions are a collection of symptoms and abnormal physiological signs. Hypertension is different. It rarely produces symptoms and is diagnosed on one parameter, the patient's blood pressure.

Making a diagnosis depends where the cut-off point for "normal" blood pressure is set. Expert opinion is split between 140/90 and 160/95mmHg.

Causes

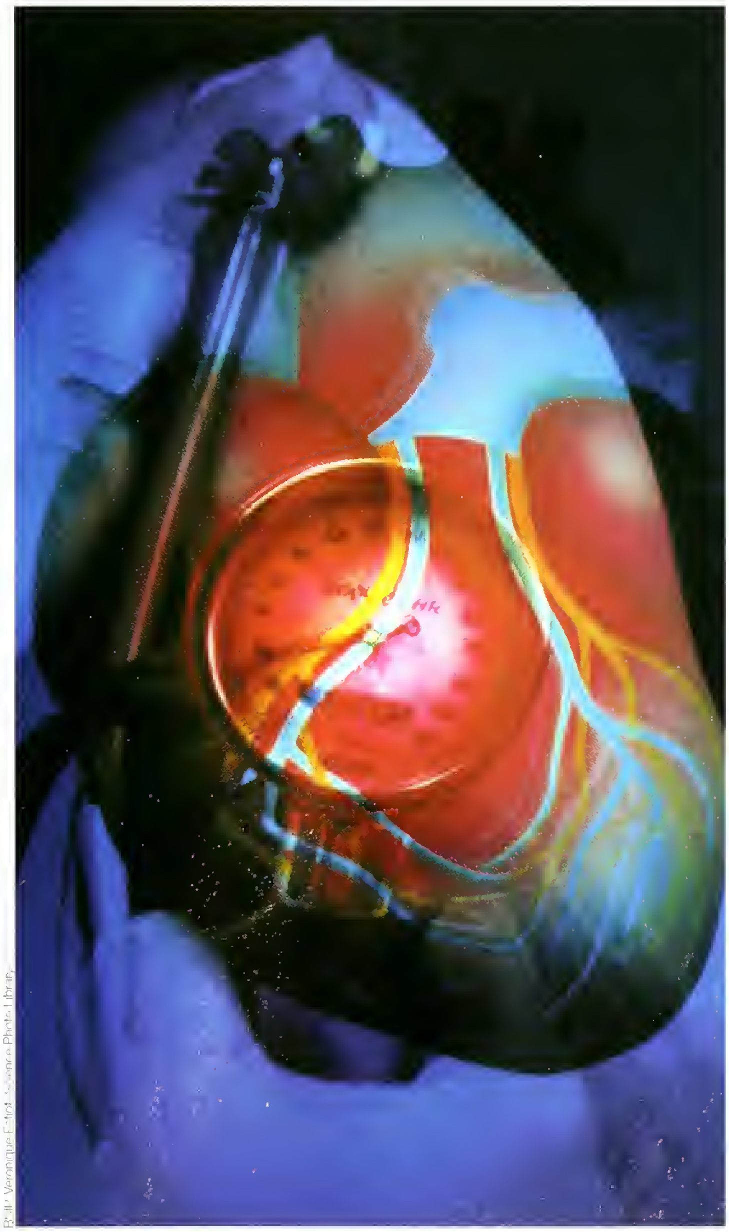
Fewer than five in every 100 people with high blood pressure have secondary hypertension resulting from an underlying disease, usually narrowing of the renal artery or, rarely, an adrenaline-secreting tumour (phaeochromocytoma).

The majority have primary or essential hypertension. There is no single cause and, as yet, no cure. All that can be said is something has gone wrong with the inter-linked physiological mechanisms that control blood pressure (*Panel A*).

Maintaining a normal blood pressure depends on the balance between the pump efficiency (cardiac output, CO) and the flow in the small arterioles (peripheral resistance, PR).

Patients with essential hypertension tend to have normal CO but a raised PR, produced by calcium-mediated contraction of smooth muscle cells in the blood vessel walls. One theory is that, in the early stages of hypertension, there is a rise in CO, which is related to sympathetic over-activity (for example, in response to stress). The body then "adjusts" by stepping up the resistance.

This eventually leads to wall thickening, and to changes in local



Conceptual composite image representing high blood pressure, or hypertension. Hypertension increases the risk of coronary heart diseases

Panel A: possible contributing factors

- Obesity and insulin resistance
- Renin-angiotensin system
- Sympathetic nervous system
- Changes in endothelial function
- Events in the womb
- Genes; genetic mutations

production of constrictor and dilator substances by the endothelial cells lining the arterioles. There may also be platelet and clotting factor changes. Long-term, the net result is both structural damage and flow changes, with stickier, more turbulent, blood.

The sympathetic (autonomic) nervous system maintains normal blood pressure, both at rest and during exercise and stress, by its actions on small blood vessels (see also *C&D, March 16, p21-24*). It triggers the release of renin from the kidney. Renin produces angiotensin I, which is converted to angiotensin II by angiotensin converting enzyme (ACE). Angiotensin II is a powerful vasoconstrictor and stimulates aldosterone, which retains salt and water.

Both the renin-angiotensin and sympathetic systems are important in hypertension, but there is no simple relationship between over-activity and raised blood pressure. Many patients (especially elderly and black people) have low renin and angiotensin II levels and are not controlled well with ACE-inhibitor drugs.

Nevertheless, experts think

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hypertension probably does result from some interaction between the two systems. The movement of sodium in and out of blood vessel walls and activity of "vasoactive" hormones such as endothelin (a constrictor), nitric oxide (a dilator) and atrial naturetic peptide (secreted by the heart when blood volume is raised) also play a part.

The influence of genetic factors is a hot research topic and several specific mutations causing hypertension have been reported. But researchers think that, in general, multiple genes are more likely to blame. Hypertension is roughly twice as common in people with hypertensive parents.

Low birth-weight babies are more likely to have higher blood pressure as adults. They are also more prone to metabolic abnormalities such as insulin resistance, raised lipids, diabetes and obesity, which are all markers for hypertension. But is this due to poor nutrition in the womb? Mothers with high blood pressure (who tend to have smaller babies) could be passing on a genetic trait.

Recent research on students attending Glasgow University between 1948 and 1968 found a significant drop in both systolic and diastolic blood pressure over the 20 years, suggesting that diet in early life plays a part in cardiovascular disease. The later cohorts would have been born around the second world war, when rationing was in force and a healthy diet for all was a national priority.

The risks

Deciding what constitutes high blood pressure depends on understanding the risks of untreated hypertension. This understanding came at first from life insurance statistics and later from large cohort studies. The most famous (and best validated) is the Framingham study, a collection of ongoing studies that started in 1948. It has followed well over 5,000 American men and women aged between 30 and 74. Similar studies have been done in the UK, involving only men.

These population-based studies confirm that raised pressure causes long-term damage to heart, blood vessels and ultimately to the organs they supply. The higher the pressure, the greater the risk of a stroke, heart failure, heart attack, renal damage or blindness.

Many long-term studies have shown that lowering blood pressure can reduce these complications. But blood pressure is only one of many risk factors for cardiovascular disease. Taken together, they can be slotted into an equation that can predict the overall absolute cardiovascular risk for a particular person.

The most widely used risk prediction tool is the Framingham model, which forms the basis of the coronary risk prediction charts in the back of the BNF. The difficulty is that it calculates separate estimates for the 10-year risk of coronary heart disease, heart failure or stroke. It is not possible to combine them all into one "cardiovascular risk score". But another model, the cardiovascular disease life expectancy model, produces a single estimate of risk of non-fatal or fatal coronary events and strokes, predicted on age, gender, blood pressure, total and HDL cholesterol, diabetes, smoking and CVD. The problem is, the calculation is not yet a do-it-yourself option for non-specialists.

Treatment decisions should be based on the blood pressure plus the overall risk score. In the UK, the official guidance is for health professionals to estimate coronary heart disease (CHD) risk, using the BNF charts or the risk assessor programs on the British Hypertension Society's website.2 Although this does not take all the risk factors into account, it does help to weigh up the pros and cons of starting blood pressure and/or lipid-lowering drugs.

The BHS thinks that, given the strong relation between blood pressure and risk of stroke, it is better to target cardiovascular disease risk.

The BHS produced its latest guidelines just over two years ago,3 bringing the UK definition of hypertension into line with that in the USA and the World Health Organisation. A person is now considered hypertensive if his or her systolic pressure is 140mmHg or more, or diastolic 90mmHg or more. Every adult should have their blood pressure measured at least every five years.

Over a third (36 per cent) of all adults are classed as hypertensive, of whom over a quarter are not being treated. At least two thirds of those being treated are not properly controlled. This has huge economic implications, as identifying and treating hypertension is a key intervention in the National Service Framework for CHD.

The treatments

Everyone with hypertension should be offered advice on non-drug measures (see *Panel C*), which may mean drugs are not needed. People with mild hypertension should try to make lifestyle changes and be monitored for around six months before starting drug therapy.

The Hypertension Optimal Treatment (HOT) trial suggested that the ideal aim is a blood pressure of less than 140/85, or 140/80 for people with diabetes. In practice, this may not be possible.

More than half of all over 60s have hypertension and there is evidence that antihypertensive treatment is beneficial until at least the age of 80.

Which drug?

Each class of antihypertensive drug has its own strong indications and contraindications, (*see Panel D*). There are other, additional, indications and contraindications for which there is less evidence.4 If no special considerations apply, the official advice is to choose the least expensive drug with the most evidence – a low-dose thiazide – and observe the response over at least four weeks.

If the first drug is well tolerated but blood pressure is still not well controlled, then another drug can be tried, or a second one added. Current thinking is that most hypertensives will need more than one drug to achieve optimal control.

Three long-term studies have compared the four main classes of drug: thiazides, beta-blockers, calcium channel blockers and ACE inhibitors. Overall they found no consistent differences between them, either in terms of efficacy or quality of life. However, response did depend on age and ethnic group. Elderly and black people tend to do less well on beta-blockers or ACE inhibitors.

These trials also found that, overall, there were no important differences between drug groups in terms of adverse events. But a patient's experience of a drug's unwanted side actions may play a large part in determining whether he or she takes them or not. The unwanted effects can be much more real than the benefits, which are vague and far off in the future.

Hypertension has long been the focus of compliance research. But, apart from showing that people tend to comply better with simple once-a-day regimens, this research has not provided many answers.

The BHS recommends patients on antihypertensives should be asked about side effects every time they have their blood pressure checked. If medicines are not to be wasted, patients should have the chance to play a more active part in choosing and monitoring treatment. Concordance, not compliance, should be the goal.

Hypertension drugs: how they work

- Beta-blockers initially produce a fall in blood pressure by decreasing the rate and force of contraction of the heart (cardiac output). But, with continued dosing, the CO returns to normal and the

Continued on page 26

Diagnosing hypertension

Assess:
Age, sex, weight, family history, smoking, exercise, diabetes, target organ damage, cardiovaseular complications

Test:
Serum total: HDL cholesterol ratio
Resting ECG
Blood glucose
Blood and protein in urine

Measure:
Resting BP (seated; arm level with heart; at least two readings at each visit)

- BP <135/85: reassess in five years
- BP 135-139/85-89: reassess yearly
- BP 140-159/90-99: Confirm over 12 weeks; treat if 10 year CHD risk >=15%. Reassess risk every year
- BP 160-199/100-109: Confirm over 4-12 weeks (3-4 weeks if diabetic) then treat
- BP>200/110: Unless emergency, confirm over 1-2 weeks then treat

Refer:
Rapidly rising BP
Pregnancy
Secondary hypertension

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peripheral resistance "resets" to a new lower level. Suppression of the hormone renin may play a part.

Beta-blockers differ in their kinetics and in their affinity for different types of beta-receptor (see also *C&D, March 2, p20*). Beta-1 blockade can also cause tiredness, reduced exercise tolerance and cold hands and feet. Beta-2 blockade can precipitate asthma and metabolic changes including weight gain and altered blood lipid profile. Effects on mood and sleep may be linked with lipid-solubility.

- Thiazides inhibit salt reabsorption in the kidney. Initially they reduce blood pressure by reducing blood volume, but CO gradually returns to normal. Changes in peripheral resistance may be linked with small decreases in smooth muscle sodium levels.

Low doses produce near-maximal effects on BP. Increasing the dose only increases the risk of side effects. These include impotence, weakness and skin rashes plus a range of metabolic changes. Thiazides can produce hypokalaemia, gout (because they are secreted into the tubules by the same system that transports uric acid), impaired glucose tolerance, and raised plasma cholesterol.

- Vasodilator drugs, ACE inhibitors (ACEIs), angiotensin receptor antagonists (losartan), eg calcium-channel blockers and alpha blockers (prazosin, doxazosin) all reduce blood pressure by an effect on peripheral resistance.

ACEIs inhibit synthesis of the powerful vasoconstrictor angiotensin II. This can precipitate renal failure in people with bilateral narrowing of the renal arteries. However, ACEIs can help in other types of chronic renal disease and in diabetic nephropathy.

The ACE enzyme also metabolises bradykinin. Increased bradykinin levels may cause the dry cough – a common side effect of ACEI treatment. ACEIs sometimes cause angioedema and rashes.

The first dose can cause a big drop in BP in patients on thiazides. ACEIs should not be used with potassium-sparing diuretics or potassium supplements because of the risk of hyperkalaemia. Inhibiting formation of angiotensin II reduces the secretion of aldosterone, which increases potassium secretion.

Angiotensin receptor antagonists lower BP by blocking the receptors at which angiotensin II acts.

Calcium-channel blockers interfere with the movement of calcium ions across cell membranes. Dihydropyridine drugs (nifedipine, amlodipine) have a high affinity for the channels in vascular tissue. In blood vessels, blocking calcium entry produces arterial vasodilatation. This can cause dizziness, flushing, ankle oedema and headache, and may trigger a reflex tachycardia.

Verapamil and diltiazem have a greater effect in the heart, decreasing contractility and depressing transmission of electrical impulses. They slow heart rate and may precipitate heart failure.

Alpha-blockers block the constricting effects of noradrenaline on peripheral blood vessels. Like ACEIs, first dose hypotension can occur. The drugs are unlikely to cause tachycardia but postural hypotension can be a problem. Unlike beta-blockers, they may be "lipid neutral".

Methyldopa is converted in nerve endings to a false transmitter alpha-methyl noradrenaline. This is thought to stimulate alpha-receptors in the brain, reducing sympathetic transmission. Methyldopa is first choice in pregnancy because it has extensive safety data. Sedation is a common side effect. Use can interfere with laboratory tests and may affect the cross-matching of blood.

Panel C: non-drugs

To lower BP...

- Lose weight
- Take regular brisk exercise
- Limit alcohol
- Cut down salt and salty foods
- Eat more fruit and veg

... and reduce CHD risk

- Stop smoking
- Eat less saturated fat
- Eat more oily fish

Information sources

The clinical review series, *Evidence-based treatment of hypertension, British Medical Journal*, April-May 2001 (*www.bmj.com*).
The British Hypertension Society: *www.hyp.ac.uk/bhs*
The National Service Frameworks: *www.doh.gov.uk/nsf/nsfhome.htm*
The National Statistics Office: *www.doh.gov.uk/public/stats1.htm*

Panel D: drug treatment

DRUG TYPE	WHEN TO USE	
	YES	NO
Thiazides	Elderly patients	Gout
Beta blockers	Myocardial infarction Angina	Asthma, Chronic obstructive heart disease, Heart block
Dyhydropyridine calcium blockers	Systolic hypertension in elderly	
Verapamil	Angina	Heart block, Heart failure
ACE inhibitors	Heart failure Left ventricular dysfunction	Pregnancy Renovascular disease
Angiotensin II antagonists	ACEI cough	Pregnancy Renovascular disease
Alpha blockers	Prostatism	Incontinence

Also consider:
Aspirin 75mg and statins

References
1 McCarron P, Okasha M, McEwan J, Smith GD. Change in blood pressure among students attending Glasgow University between 1948 and 1968: analysis of cross-sectional surveys. BMJ 2001 322 885-9.
2 www.hyp.ac.uk/bhs
3 British Hypertension Society guidelines for hypertension management 1999: summary. BMJ 1999 319; 630-5
4 The full table is available at: www.hyp.ac.uk/bhs/gl2000.htm

Dr Imogen Savage is lecturer in primary care pharmacy at King's College, London

Actionplan

1. In your practice workbook draw a diagram of the physiology of the control of blood pressure with a note of where the drugs act in the system. (Many textbooks include such a schematic, for example *Pathology and Therapeutics for Pharmacists*, Greene and Harris. Chapman & Hall, 1993, p80 and 85).
2. Ask (say 50) of your hypertensive patients what side effects they suffer from their drug treatment. Also try to find out if any patient did/does not comply with the regimen because of these. Record the results in a table in your practice workbook. Are there any lessons to be learned?
3. Record any patients who change their hypertensive drug regimen. What drugs were changed, why and how (dose/drug/addition etc)? There will be at least two reasons: regimen not effective enough and side actions. Which is the most common? Do side actions significantly affect these changes?
4. Using Panel C as a guide, list the specific foods that should be avoided or encouraged for patients who have or are likely to suffer from hypertension. Discuss with your medicine counter assistants.

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the May 4 issue, which will cover this week's CPP-accredited modules, together with those in the April 13 and April 20 issues.
The MCQ paper for the April modules will be enclosed in next week's C&D covering:

- **Musculo-skeletal system (1231)**
- **Anxiety (1232)**
- **Hypertension (1233).**

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Type-2 diabetics risk of CVD is lower than suggested

Patients with type-2 diabetes are at a lower risk of death and hospital admission due to heart attack than those with established coronary heart disease, according to a new study in the *BMJ*.

The research follows recent evidence that suggested diabetic patients should be treated as if they already have CHD.

A cross-sectional study compared 1,155 patients with type-2 diabetes and 1,347 patients who had suffered a myocardial infarction in the preceding eight years.

The adjusted risk ratio for death from all causes was 2.27 in the MI group compared to the diabetics. The risk ratio for hospital admission was 1.33 in the MI group.

A cohort study compared 3,477 newly diagnosed type-2 diabetics with 7,414 patients who had just had an MI. In this study the adjusted risk ratio for death from all causes was 1.35 in the MI group. However, the risk ratios for cardiovascular death and hospital admission for MI were 2.93 and 3.10 respectively in the patients who had suffered an MI compared to the diabetics.

The authors warn that clinicians should be cautious about basing treatment decisions for cardiovascular disease on individual risk factors in isolation.

Drugs in sport use revealed

Sports people at recreational and world championship levels are using drugs illegally to boost performance, says a British Medical Association report.

Drugs in Sport: The pressure to Perform is the first UK report for health professionals on the subject. The BMA is concerned that doctors are unaware of the full extent of "doping" and hopes the report will help them recognise and treat patients who may be using these drugs.

Bodybuilders use anabolic androgenic steroids to enhance performance and improve body image. The report estimates that in some areas of the UK a third of GPs are likely to encounter patients who have used steroids. Evidence from needle exchange clinics has also found that a "significant" number of clients are steroid users, says the report.

The report makes recommendations on education and information, policy, research and the pharmaceutical industry, including:

- developing a code of practice for sports medicine
- including the illegal use of drugs in sport as part of the medical undergraduate curriculum and any sports medicine course
- making GPs, primary care staff and A&E aware of local harm reduction or outreach services
- tighter controls over the supply of drugs such as growth hormone.

Vivienne Nathanson, the BMA's head of ethics and science, said: "We're pointing out that these drugs are dangerous and it is better to treat health problems associated with them sooner rather than later."

For more information:
www.bma.org.uk

Specialists develop new enuresis guidelines

New guidelines to improve the management of bedwetting have been developed by specialists in primary, secondary and community care.

Bedwetting: Treating the Underlying Problem aims to provide a solution to the condition estimated to affect 500,000 children between five and 16 years in the UK.

Bedwetting, or nocturnal enuresis, is defined as an involuntary voiding of urine during sleep at least three times a week in children over five. The three main causes are:

- nocturnal polyuria (low nocturnal vasopressin levels) – a lack of the circadian rhythm of vasopressin can result in a night time urine production that exceeds bladder capacity
- bladder instability/low capacity
- lack of arousal from sleep.

Genetic factors and stress may also play a part.

The new guidelines include a "three systems" approach to identify the cause of enuresis and the most appropriate treatment.

The treatment for nocturnal polyuria is desmopressin, a synthetic analogue of arginine vasopressin which decreases urine production and increases urine concentration. It should be continued for as long as treatment is required but the need for treatment is re-assessed every three months with a treatment-free week.

An alarm for children suffering lack of arousal sensitises the child to respond quickly to a full bladder. It is most likely to be successful for children with normal bladder capacity, no behavioural problems and who wet the bed later in the night.

Anticholinergics such as oxybuutynin are the treatment of choice for those with bladder instability or low capacity. They work by relaxing the detrusor muscles around the bladder.

Tricyclic antidepressants are also licensed and effective for this group but their use may be limited by side-effects and the risk of accidental overdose.

Ferring Pharmaceuticals provided an educational grant for the guidelines.

For more information:
ERIC (Enuresis Resource and Information Centre
Tel: 0117 960 3060.

Hot weather does increase death rates

The impact of heat on death rates begins at relatively low temperatures during a "hot spell", according to research published in the *Journal of Epidemiology and Community Health*.

Researchers analysed temperature readings from the Meteorological Office and death rates from the Office of National Statistics for London between 1976 and 1996.

Death rates associated with heat start rising at about 19°C. Above 21.5°C the death rate increased by 3.3 per cent for every degree rise in temperature.

During the 1976 heat wave, which lasted 15 days, the average increase in death rate was 4.7 per cent for every degree rise.

The most vulnerable people are the elderly and those suffering from respiratory disease. However, cold weather still claims more lives than hot, say the authors.

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www.hayfevereyes.com

ITEN® Eye Drops (ketotifen) UK and Irish ABBREVIATED SCRIBING INFORMATION
ications: Symptomatic treatment of seasonal allergic conjunctivitis. **sentations: *Eye drops solution:*** 1ml contains 0.345mg ketotifen rogen fumarate (= 0.25mg ketotifen). Each drop contains 8.5 microgram ifen hydrogen fumarate. **Dosage and Administration: *Adults, erly and adolescents (12 years and over):*** One drop into unctival sac twice a day. ***Children (under 12):*** Efficacy data concerning in children below 12 years of age is not available. Limited safety data is ilable in children from the age of 3 years. **Contraindications:** ersensitivity to ketotifen or excipients. **Precautions: *Eye drops mulation:*** Do not apply whilst wearing soft contact lenses. Remove lenses before administration and do not reinsert for at least 15 minutes. May discolour soft lenses. **Interactions:** Other eye medications: Leave at least 5 minutes between administration of medications. CNS depressants, antihistamines, alcohol. **Pregnancy and lactation: *Pregnancy:*** Caution. No data in humans. Increased pre and post natal mortality in animal studies, but no teratogenicity. ***Lactation:*** Topical application unlikely to produce detectable quantities in breast milk, so can be used during lactation. **Effects on ability to drive or operate machinery:** May cause blurred vision or somnolence. Do not drive or operate machinery if this occurs. **Side-Effects: *Ocular:* Between 1% and 2%:** burning/stinging, punctate corneal epithelial erosion. **<1%:** blurring of vision, dry eyes, eyelid disorder, conjunctivitis, eye pain, photophobia, subconjunctival haemorrhage. ***Systemic:*** **<1%:** headache, somnolence, skin rash, eczema, urticaria, dry mouth, allergic reaction. **Package Quantities, Product Licence Numbers and price: *UK:*** 1 x 5ml bottle, PL 00101/0614, £9.75 (Basic NHS price). ***Ireland:*** 1 x 5ml bottle, PA 914/3/1. **Legal Category:** POM. **Date of last revision:** March 8th 2002.

Reference:
1. Greiner JV. Data on file.

***Effect on itching**

NOVARTIS OPHTHALMICS

D/02/03 Novartis Ophthalmics (UK) Limited, Delta House, Southwood Crescent, Southwood, Farnborough, Hants GU14 0NL. March 2002

Lamisil[AT] now offered in a spray

Novartis Consumer Healthcare is launching a spray version of Lamisil[AT] primary fungicidal treatment.

Lamisil[AT] spray is a prescription strength one-week treatment for athlete's foot, dhobi (jock itch) and ringworm.

The once a day treatment starts to kill the fungi responsible for the infection from the first day of use and provides long-lasting protection.

The spray format is designed to be convenient to apply and to be discreet to use in public places such as sports changing rooms.

The OTC athlete's foot market is worth £16 million and is growing 14 per cent year on year.

Price : £4.99

Pack size: 15ml
Pip code: 285-5500
Novartis Consumer Health
Tel: 01403 210211.

Germolene's summer bite

Bayer Consumer is launching Germolene Bites & Stings, developed to provide immediate relief from minor insect bites and stings, plus stings from nettles and jellyfish.

It is ammonia-free, formulated to help soothe pain and reduce swelling for several hours, and comes in a micro pump to make it easy to carry and apply.

The launch will be supported by a marketing campaign to include discount coupons and advertising in a *Back to School* booklet which will be distributed to primary schools.

Price: £3.99

Pack size: 8ml
Pip code: 284-9115
Laser Health Care
Tel: 01202 449700.

Compeed gives 'thumbs up' to first aid

A range of of first aid plasters is being introduced under the Compeed brand.

Compeed First Aid will include two mixed packs of plasters – "small & medium" and "medium & large".

The range also includes plasters specially developed for "abrasions" and "knuckles & finger joints".

The launch will be supported with a "thumbs up" campaign including advertising in women's magazines throughout the summer.

A sampling programme is planned for the Commonwealth Games trials in June.

Eye-catching point of sale material for pharmacies includes hanging signs, counter displays and "push & pull" door stickers.

Price: £2.39

Trinity Sales & Marketing
Tel: 01753 864455.

Easy entry into digital camera business

Kodak is offering pharmacists a low cost entry point into the digital photographic business with its Mini Order Station.

The customer or pharmacy assistant inserts a digital camera card into the terminal and selects the required images, which are then copied on to a transfer CD.

The CD is placed in a dealer order envelope and sent to a wholesale photo-finishing laboratory.

Prints are returned to the store in three days. Printing is on to 10x15cm (4x6in) or 13x18cm (5x7in) photographic paper.

The Kodak Mini Order Station, available from June, accepts most digital camera cards and is small enough for counter top display.

Price : £1,000

Kodak Ltd
Tel: 01442 844701.

Scholl gains a foothold in skincare sector

SSL International is repositioning the Scholl foot skincare range under the name Scholl Health & Beauty for Feet.

The company aims to encourage consumers to adopt a specific skincare regime for their feet as part of a broader skincare routine.

The range is designed to be dual sited on both the footcare and skincare fixtures.

The four product line-up includes two introductions – Cream Powder and Enriched Skin Food.

Scholl Cream Powder with anti-bacterial action has been developed to cool, soothe and refresh hot, tired feet. Presented in a convenient pump action dispenser, it is applied as a cream and dries to a fine powder.

Scholl Enriched Skin Food is a rich, nourishing moisturising treatment to leave feet feeling smooth and hydrated.

The range is completed with Rough Skin Remover and Deep Moisturising Cream which have both been reformulated and repackaged. The products are presented in striking white and gold packaging.

The range will be supported by a £3 million marketing programme this year including TV and women's press advertising starting on May 2.

A sampling programme is planned to promote the brand's "health and beauty for feet" message.

Price: Cream Powder £4.25; Enriched Skin Food £5.99; Rough Skin Remover £3.55; Deep Moisturising Cream £4.25

SSL International plc
Tel: 0161 654 3000.

Fish oil without the taste

Equazen Nutraceuticals is launching a citrus flavoured fish oil formulated to give children fatty acids in a palatable liquid without a fishy taste or odour.

Eye Q Liquid contains a fish oil high in EPA blended with virgin evening primrose oil to provide GLA. Research indicates that this is the optimum combination for eye and brain function.

It comes in an FDA-approved aluminium flask developed for the pharmaceutical industry to protect premium oils.

Price: £9.99

Pack size: 200ml
Pip code: 286-0161
Food Brokers Ltd.
Tel: 023 9222 2500.

Like using a new tub every time.

White Soft Paraffin, Light Liquid Paraffin, Hypoallergenic Anhydrous Lanolin

The No. 1 emollient brand[1] has just become even more pleasant for your customers to use. Clinically proven E45 Cream is now available in a new 500g pump pack offering improved hygiene as well as great convenience.

PRESCRIBING INFORMATION. E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Adults, children and elderly: Apply to the affected part two or three times daily. **Contra-indications:** E45 Cream should not be used by patients who are sensitive to any of the ingredients. **Undesirable effects:** Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. **Package quantities:** 50g tube, 125g tub, 500g pump pack. **Basic NHS Cost:** 50g £1.18, 125g £2.39, 500g £6.20. **Legal category:** GSL. **Product licence number:** PL0327/5904. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG90 1LP. **Date of preparation:** January 2002. **Reference:** 1. AC Nielsen, Grocery and Pharmacy, Volume, MAT May/Jun 01.

CROOKES HEALTHCARE

CHCSK01-150c

Scriptlines

Movicol OK for long term use

Movicol has been licensed for extended use in chronic constipation.

It can be used as maintenance treatment in patients with severe chronic or resistant constipation, patients whose constipation is secondary to neurological conditions and constipation caused by medicines. The dose is one to two sachets daily.

For more information:

Norgine Ltd
Tel: 01895 826600.

Breast cancer use for Xeloda

Xeloda (capecitabine) from Roche is now licensed for the treatment of breast cancer.

Used in combination with docetaxel, it is indicated for patients with locally advanced or metastatic breast cancer after failure of cytotoxic chemotherapy. Previous therapy should have included an anthracycline.

Xeloda is also indicated as monotherapy for patients with locally advanced or metastatic breast cancer after failure of taxanes and an anthracycline-containing chemotherapy regimen or for whom further anthracycline therapy is not indicated.

Capecitabine has been dubbed a "smart tablet" because of its novel mechanism of action. It is converted into the cancer-killing agent 5-FU, by an enzyme found at higher levels in cancer cells and low levels in healthy tissue.

For more information:

Roche Products
Tel: 01707 366000.

Frontshop

Gentle touch for Sensodyne mouthwash

Sensodyne Gentle Mouthwash is being relaunched with a new look.

It now comes in a larger 300ml bottle, providing 20 per cent added value.

The new pack is designed to reinforce the product's key values and reflect its premium positioning.

The mouthwash, which has a mild mint flavour, is formulated to fight plaque and freshen breath while offering fluoride protection.

It has a low alcohol content and is suitable for people with sensitive teeth and gums.

Price: £2.79

Pack size: 300ml
Pip code: 237-1904
GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

Inbrief

Ahava expands dry skin range

Ahava UK has launched three additions to its dry skin treatment range: Dermud Moisturising Shower Cream, Dermud Soothing Body Milk and Dermud Rich Cream for elbows and knees.

For more information:

www.ahava.co.uk
Tel: 01452 864574.

TV next week

Anadin: All areas
Aquafresh toothbrush Max Active: All areas except U, CTV
Astral Moisturising Cream: GMTV, C4 & C5
Bodyform Micro: All areas
Clearblue Pregnancy Test: All areas + C5 except GTV, U, CTV, C4, W
Eumovate: All areas except U, CTV
Feminax: GTV, B, G, Y, C4 C5
Lucozade Sport: All areas except U, CTV
Macleans Whitening: All areas except U, CTV
Movelat Relief: C5
Nurofen for Children: ITV, C4, Sat
Oxy: Sat
Panadol: All areas
Poligrip: All areas except U, CTV
Ribena: All areas except U, CTV
Solpadeine: B, G, Y, TT
Tena pants Discreet: All areas except CTV, GMTV, Sat
Tena Lady: All areas except CTV, GMTV, Sat
Wella Vivality: All areas except GTV, B,Y, A, CTV, TT

PharmaSite for next week: Piriton – Window, **Beconase** – In-store, **Canesten Once** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

NEW

Let us spray

New Germoloids HC Spray is the first and only OTC spray for haemorrhoid relief. This effective treatment combines the local anaesthetic action of lignocaine, for rapid pain relief, with extra hydrocortisone to help reduce itching and inflammation. Now available in a soothing and discreet 'non-touch' spray. Hallelujah.

WITH LOCAL ANAESTHETIC
germoloids®

What a relief!

Contains Hydrocortisone & Lignocaine Hydrochloride

Germoloids® HC Spray - Product Information. *Germoloids®* HC Spray is an aqueous spray solution containing 0.2% w/w Hydrocortisone BP and 1.0% w/w Lignocaine Hydrochloride BP. Indications: Symptomatic relief of anal and perianal pain and pruritus such as associated with haemorrhoids. Dosage and Administration: *Adults:* Spray once over affected area up to three times daily. *Children:* Not recommended for children under 14 years. Contraindications: Sensitivity to lignocaine or other ingredients. Use on broken or infected skin. To be used externally on anal area only. Warnings and Precautions: The spray should not be used continuously for longer than seven days. Keep away from eyes, nose and mouth. Patients should seek medical advice if persistent pain or bleeding from anus occurs especially if associated with a change in bowel habit, a distended stomach or weight loss. Medical supervision is required if used in conjunction with other medicines containing steroids. Side Effects: Temporary tingling sensation may be experienced. Rarely, hypersensitivity to lignocaine has been reported. Use in Pregnancy: There is inadequate evidence of safety in human pregnancy. Cost: 30 ml tube, £6.99. MA Number: PL 0173/0049. MA Holder: Dermal Laboratories, Gosmore, Hertfordshire SG4 7QR. Sold and Distributed in the UK by: Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Legal Category: P. Date of Preparation: February 2002.

Frontshop

Lanes steps out with feet treats

Lanes is launching a range of natural foot moisturisers with secondary benefits.

Footeeze comes in Freshening, Reviving, Soothing and Warming variants with ingredients such as menthol, ginger root, lavender and tea tree. The lanolin-free products are not tested on animals.

Price : £3.49

Pack Size: 95ml

Pip code : Freshening 285-5021, Reviving 285-5013, Soothing 285-5039, Warming 285-5047

G R Lane Health Products Ltd.

Tel: 01452 524012

Going for gold with Imperial Leather

Cussons is promoting Imperial Leather with an on-pack offer this summer as part of the company's sponsorship of the 2002 Commonwealth Games in Manchester.

Purchasers of the special packs of Imperial Leather shower gel or bar soap could win a gold, silver or bronze prize, including five Australian holidays for a family of four.

Branded shower-proof radios will go to 20,000 silver winners, while the bronze prize is 500,000 money off coupons redeemable against any product in the Imperial Leather range.

For more information:

Cussons (UK) Ltd

Tel: 0161 491 8000.

Ibuleve Maximum Strength thinks big

Dendron has introduced a 50g pack for Ibuleve Maximum Strength.

This is the first time a 10 per cent ibuprofen gel has been available in an OTC pack of that size.

Ibuleve is being backed by a national TV and press campaign to highlight the Max Strength message.

Price: £6.95

Pack size: 50g

Pip code: 285-7050

Dendron Ltd

Tel. 01923 229251.

A light look at self tan

Johnson & Johnson will support the Piz Buin Self Tan range with a £1.2 million TV campaign throughout May.

A humorous TV commercial highlights the fast-dry, hassle free benefits of the new Piz Buin Self Tan Foam.

It focuses on typical traditional self tan drying positions and the embarrassing positions people can get into while waiting to dry.

A press advertising campaign for the range will also appear in women's magazines during May.

For further information:

Johnson & Johnson Ltd

Tel: 01628 822222.

The devil's in the detail

Lichtwer Pharma is rebranding its devil's claw tablets with a new name.

Rivo Devil's Claw, containing a standardised extract of harpagophytum procumbens (devil's claw root), is formulated to help maintain healthy and supple joints, ligaments and tendons.

According to Lichtwer Pharma, a new study showed that the supplement significantly reduced pain symptoms and increased mobility in 75 per cent of patients suffering from non-radicular back pain.

Price: £9.99

Pack size: 40 tablets

Pip code: 262-9343

Lichtwer Pharma UK Ltd

Tel: 01628 487780.

macrogol 4000

idrolax™

the required effect

CHWARZ HARMA

IDROLAX 10g macrogol 4000 Prescribing Information Additional information is available upon request. **Presentation:** Idrolax sachets contain 10g of macrogol 4000 (polyethylene glycol) powder for oral ... **Indications:** Symptomatic treatment of constipation in adults. **Dosage:** Adults, including the elderly, ...chets orally per day. **Contraindications:** Inflammatory bowel disease (ulcerative colitis & Crohn's disease), occlusive or subocclusive syndrome, painful abdomen of unknown cause, intestinal obstruction, paralytic ileus, toxic megacolon. **Warnings and Precautions:** Pharmaceutical management of constipation should be accompanied by changes in diet and exercise. Should not be prescribed to patients with known hypersensitivity to polyethylene glycol. Does not contain sugars or polyol – can be prescribed to diabetics and patients on a galactose free diet. **Undesirable Effects:** Very high doses may cause diarrhoea & abdominal pain. Very rare cases of hypersensitivity can result in urticaria, oedema and non-specific rashes. Abdominal distension and nausea have also been reported. **Basic NHS Cost:** 20 sachets – £4.90 Cost in Republic of Ireland: 20 sachets – € (price available upon request) **Legal Category:** P **Marketing Authorisation Number:** PL 4438/0062 PA 271/11/1 **Product Licence Holder:** Schwarz Pharma Ltd. East St. Chesham, Buckinghamshire HP5 1DG. England. **Date of Preparation of Prescribing Information:** March 2002 (211).

Spring's blooming sales for hay fever remedies

As part of a series of product category reviews, Information Resources analyses the hay fever remedies market in pharmacies

The onset of spring and summer spells misery for a large section of the public as it marks the onset of the hay fever season. Sales of hay fever remedies increase between May and August, reaching their peak in July.

Since the abolition of the Resale Price Maintenance agreement last May, this market has seen a large number of aggressive price promotions, particularly within supermarkets. This has led to the average price dropping compared with a year ago.

With the number of sufferers of hay fever and other airborne allergies increasing it is hardly surprising that hay fever remedies comprise the fastest growing OTC market.

In the year to 24 February 2002 sales increased by 17 per cent to £64.1 million. The majority of purchases were made through pharmacies with sales growing 16 per cent to £56.8m.

The oral sector is the largest in the hay fever remedies market and sales rose 23 per cent to £48.1m. Sales through pharmacies increased by 21 per cent to £42.6m. The leading brand is Clarityn with sales up 21 per cent.

The most notable product launch in this sector is Clarityn Allergy Syrup, which is currently ranked fifth. All the top five brands saw their sales increase but Benadryl outperformed the market, growing by 41 per cent. This was largely due to the introduction of the Benadryl Plus variant last season.

The second largest sector is nasal sprays, with sales seeing a more modest increase of seven per cent to £10.3m. Purchases made through pharmacies have increased by five per cent to £9.1m.

The number one brand here is Beconase Allergy, with sales increasing by 10 per cent. The fastest growing brand in the top five is Care Hayfever Relief with sales growing 33 per cent.

The eye drops sector is declining, with sales down one per cent to £5.8m. Sales in pharmacies declined by two per cent to £5.1m. The number one brand is Opticrom, while the fastest growing brand in this sector is Clariteyes with sales up 43 per cent.

With the increase in road traffic and the hole in the ozone layer getting larger by the day, it seems the hay fever remedies market is set to grow.

At present, the majority of sales are still made through pharmacies, but the key supermarket chains have shown that, with aggressive price promotions, they are able to eat into pharmacies' share.

With the launch of GSL variants for this season, hay fever sufferers may pick up their remedies from the supermarket with their weekly grocery shop rather than make a trip to the local pharmacy.

Top pharmacy brands

Oral products

1. Clarityn
2. Benadryl
3. Piriton
4. Zirtek
5. Clarityn Allergy Syrup

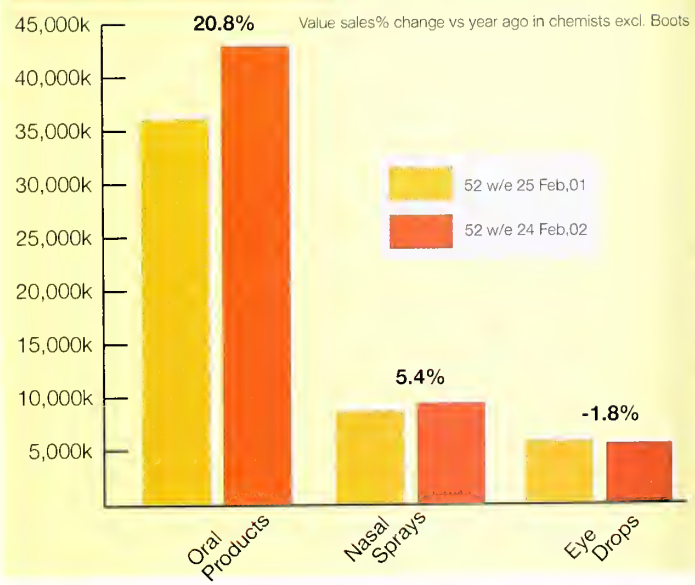
Nasal sprays

1. Beconase Allergy
2. Rhinolast
3. Care Hayfever Relief
4. Livostin Direct
5. Afrazine

Eye drops

1. Opticrom
2. Otrivine
3. Optrex
4. Livostin Direct
5. Clariteyes

Hay fever remedies



information resources

Ian Bray, marketing director for AAH Pharmaceuticals

"Category reviews conducted by AAH Pharmaceuticals have shown that around 35 per cent of the population suffer from an allergy.

With consumers having limited understanding about allergies, pharmacists have a vital role to play in providing advice.

Hayfever is one of the most common allergies, affecting approximately 20 per cent of the population.

Our category review suggests that the incidence of sufferers is rising due to contributing factors such as pollution, diet and changes in lifestyle.

This presents a huge growth opportunity for independent pharmacists, who can capitalise on sales by providing professional advice and maximising product impact on the shelf.

These days, an increasing number of primary school children are contracting hayfever which inevitably means that their mothers will be looking to pharmacists to provide the help and advice they need to relieve their children's symptoms.

Pharmacists can boost sales by ensuring hayfever remedies are prominently located before the season truly starts to maximise sales from those early sufferers.

Link sales can be encouraged by siting tissues and sunglasses close to the allergy relief products."

Ian Bray: maximise sales from early sufferers

As LPS pilots approach...

...the National Pharmaceutical Association provides the answers to the most frequently asked questions to help pharmacists navigate their way

● What is a local pharmaceutical service (LPS)?
It is a flexible local alternative to the national contract for pharmaceutical services (PhS)which creates a way for community pharmacy to contract for a wider range of services which are geared to local needs.

LPS will be implemented through locally agreed contracts, which will pay pharmacists for the work they do in different ways.

LPS pilots will include dispensing and extended services, funded by the PCT.

● Who can provide LPS?
- a single pharmacy contractor
- a group of contractors
- a partnership between a pharmacy contractor and other health or non-health professionals
- an NHS trust
- a body corporate.

Dispensing doctors cannot provide LPS, and LPS cannot be combined with a personal dental or medical service pilot, but an LPS contract may run alongside a PMS or PDS contract.

PCTs can devise outline proposals for LPS and recruit providers to perform them, but PCTs cannot themselves be LPS providers.

● Can I provide LPS alongside PhS from the same premises?
Yes, LPS and PhS can be provided from the same premises as long as the PCT can ensure probity, eg the LPS is only provided to a limited list of named patients so that LPS prescriptions can be designated as such and checks for fraud completed.

● Does LPS have to include dispensing?
Yes, although it may be dispensing for a limited group of clients.

● What services could I provide as part of an LPS?
LPS providers can provide services traditionally associated with pharmacy or a completely new services, eg a full diabetes service, with dietetic advice, chiropody and ophthalmic services or flu vaccinations.

The LPS provider would have to work in partnership with, or employ, professionals such as a chiropodist or optometrist to provide these specialist services. They must meet the needs of patients and help the PCT to achieve its health improvement and modernisation plan (HImP) targets.

● How will I be paid under LPS?
PCTs will negotiate with providers for a "total contract". They will submit a payment schedule to the Prescription Pricing Authority. PPA will pay LPS providers the agreed LPS remuneration to avoid delayed payments and ensure pharmacy cash flow is not affected.

It is envisaged that many people will agree a fixed monthly payment for LPS work, rather than an item for service payment. PPA will pay contractors in the first or second year at least. The DoH recognises that it is impossible to have accurate figures or costings for contracting purposes in the first few years. It expects PCTs to estimate prescription numbers and to look at models in other parts of the country to cost additional services if there is no similar local service.

The PCT carries the "risk" if prescription figures fall - unless it negotiates a clawback for this eventuality in its contract. Good practice in contract management will be essential. Pharmacy contractors will be reimbursed as currently for medicines supplied (ie against *Drug Tariff* prices), and the "discount clawback" will apply.

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● Does control of entry apply to LPS?

Control of entry does not apply to LPS pilots. This means that regardless of the number of contracts in a neighbourhood, an LPS contract application can still be made.

In fact, in neighbourhoods where PhS contract applications are in process, these will be put on hold if an application for LPS is made – until after the decision on whether to go ahead with the LPS has been taken.

In addition, PCTs can "designate" a neighbourhood for LPS without having a named provider and make an application for an LPS contract autonomously. Such applications will be subject to the same scrutiny process as other LPS bids. They will include detailed funding proposals. Following approval, the PCT can then invite applications to provide the LPS at the contract price. This enables PCTs to develop LPS in areas of identified need.

"Whoever bought the business would inherit the right to return to PhS"

However, PCTs do have to conduct an impact assessment for every full LPS proposal developed. This must look at the impact of the proposed pilot on existing services.

LPS pilots should be afforded some protection by control of entry regulations. They will be "visible" to assessments of necessary/desirable through control of entry, and the DoH expects that PCTs will take LPS into account when judging the necessity and desirability of new PhS applications in a neighbourhood.

● Can LPS be used to get round control of entry regulations?

No. The DoH is very clear on this. For instance, if a non-contract pharmacy were to apply for LPS, it would only be approved if it were offering services that were not available elsewhere and that met the PCT's health improvement agenda.

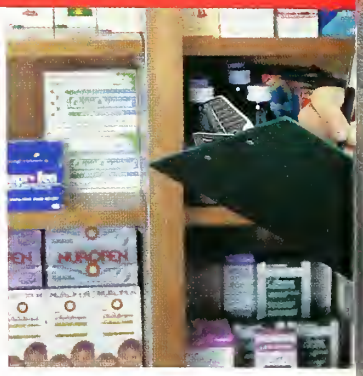
● Is there a return ticket to PhS?

Yes. LPS is voluntary and there will be a preferential right to return to PhS for those who are currently PhS contractors.

The guidance states that existing contractors who become LPS providers may be able to revert to PhS where the contract is terminated by the PCT. The terms under which a contractor may revert to PhS should be made clear to both parties before the LPS contract is signed and should be included as part of the final contract.

If an LPS provider (who was previously an existing PhS contractor) is replaced and is not himself returning to PhS, the replacement LPS provider would inherit the right to return to PhS at a future date.

LPS providers, who are not existing contractors or who do not take over LPS from existing contractors, will not have the right to change to a PhS contract. This will ensure that PhS is not used to bypass existing control of entry requirements.



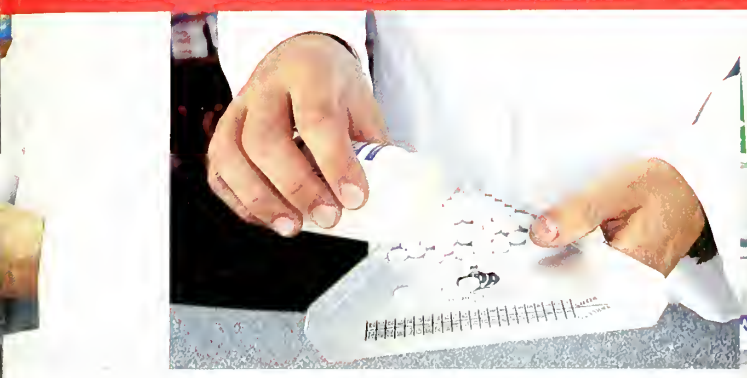
● What if I want to sell my business while it is operating as an LPS?

It will be possible to sell a pharmacy business operating as an LPS. Assuming that the business formerly had a PhS contract, whoever bought the business would inherit the right to return to PhS at a future date. What it is hard to predict at the current time is the impact that PhS will have on goodwill values.

● Which contractors might benefit from LPS?

The PhS contractors most likely to benefit from LPS are those with a low dispensing volume who do not do particularly well from the current remuneration system.

● Where do I start if I am interested?



The first step is to talk to the PCT and find out what it thinks about LPS and whether it will be accepting bids on LPS. It is likely that the prescribing/pharmaceutical advisor will lead on LPS. He or she is a good first point of contact. It would also be sensible to let the LPC know that you are interested and ask to be kept informed of developments.

LPS has to be designed to meet the needs of the local population otherwise PCTs will not be interested in funding it.

The local health improvement and modernisation plan (LHmP) sets out the PCT's priorities in terms of health gain.

The best place to find out more about your local PCT is to look at its website or ring your local PCT office and request a copy of the LHmP.

Another useful document to request is the Director of Public Health's annual report. This contains more localised information than the LHmP and may even give specific information about your locality. It will also identify issues that are specific to your area, as opposed to national NHS targets.

Identify the stakeholders in the service you are proposing (ie all those that the service will impact on – including current providers) and see if there is a forum where these people already meet.

The following questions will help guide your thinking:

- Where will the service be provided (premises, domiciliary, GP surgery, other?)
- What problems are you seeking to address and how were these identified?
- Specific services to be provided or required and a description of how they will contribute to the planned local health service developments and health improvement and modernisation programme
- Outcomes and an indication of how they might be measured
- Stakeholders in the proposal, for example, patient groups, other local providers, wider health economy and any views emerging from initial discussions with them which may already have taken place.

All you need do is prepare an outline proposal of your idea for the PCT – so don't spend ages drafting a paper. There will be a proforma for outline proposals.

● How do I find out what my PCT thinks about LPS?

All PCT Boards need to consider

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LPS and take a "yes/no" decision about considering bids.

The Department of Health advises they must do this by June 2002. All PCT Boards need to have discussed LPS and have a documented decision on LPS by this date. The DoH suggests that PCTs should consult local pharmaceutical committees and others about this decision. In addition, PCT Board papers are public documents available on request and most PCT Boards hold public board meetings.

● My PCT says there is no additional funding for LPS – is that true?

There is additional funding for preparatory work related to the development of LPS bids and contracts available from the DoH.

PCTs are asked to apply for this funding as required. There is no "limit" to the funding that can be applied for, but it must be reasonable. It could also fund legal input to contract development, funding for identifying ideas for LPS and for undertaking feasibility/impact assessments. In addition, funding can be used for briefing meetings on LPS at local level.

There is no ring-fenced funding for LPS service provision, but PCTs are free to use their unified budgets to invest in LPS. In 2002/03 this may mean redirecting funding from other areas of care.

All PCTs have certain targets to meet in terms of implementation of the NSFs and improving access - specifically to GPs. This means that above all, LPS pilots must help PCTs to meet these important targets.

If they do, it is more likely that PCTs will find the funding needed. In *figure 1* below, we have outlined some of the top priorities for PCTs and the kinds of services that can help meet PCT targets, along with a list of funding sources within the unified budget. In addition, the PSNC has produced a guide to funding, *Sources of funding: a guide for community pharmacists*. In addition, there are a number of funding streams that are accessible via local government. The Government's Vital Villages Scheme is accessible to pharmacists wishing to develop LPS in rural communities.

Sure Start, funding to be used to help children out of poverty, is also focused on health. As high users of pharmacy services, parents and their children could benefit from an LPS, which focused on their care needs.

There is also funding, notably in deprived areas, through NHS Lift for premises development.

If PCTs say no funding is available in 2002, then application in November 2002 for a start date in 2003 would be an option.

● My PCT says it will not consider bids for LPS – what can I do?

PCTs have to take a decision about whether they will consider bids for LPS by June 2002 in case a pharmacy contractor proposes an LPS in their area.

If they decide not to accept bids, they must document their reasons for this in the Board minutes, which are public documents, and set a date when they plan to review their decision.

● I've heard something about judicial review – what is that all about?

PCTs have to take a decision about whether they will consider bids for LPS by June 2002. If they have not taken a decision by this time and do not have documented reasons why they plan not to accept bids, the DoH has advised PCTs that they are putting themselves at risk of being taken to judicial review by potential LPS providers.

● My PCT is accepting bids – what is the selection and approval process?

Once they have made the decision to accept bids for LPS, the PCT needs to develop a selection process for managing applications. The process must be transparent and command confidence.

The DoH is proposing that PCTs set up a panel to judge proposals. This should include a pharmacy contractor and an LPC representative.

PCTs have to set selection criteria for LPS. The DoH guidance will outline core criteria; PCTs can add additional local criteria. They also have to set a deadline for submission of outline proposals. The PCT should invite ideas for LPS from a number of sources. An open invitation to bid should be published/sent to all interested parties, including all pharmacy contractors. This invitation should include details of the selection criteria.

In the first instance potential providers will submit outline proposals. There will be a proforma application form for outline proposals provided by the DoH.

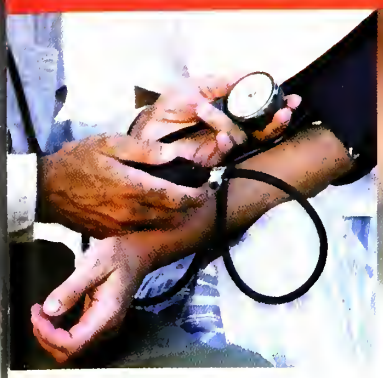
There will be a proforma for full proposals on the DoH's website. Full proposals must be submitted by the PCT, which must also conduct an impact assessment for each full proposal, outlining its impact on existing service providers.

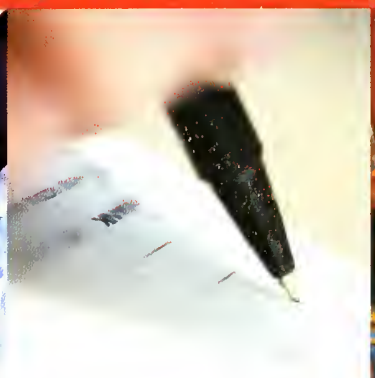
The LPC and LMC must be consulted as part of this, and should be provided with copies of assessments once they are completed.

This whole process at PCT level has to be set up and implemented, ready for the first

Figure 1: Potential LPS and funding sources

PCT Priority	Pharmaceutical Services	Funding Allocated
Reducing waiting lists	● Discharge care packages ● Rapid response services ● Clinical services to nursing/ residential homes or cottage hospitals ● Domicilary service ● Medication review ● Flu immunisation programmes	● Waiting list initiatives ● Intermediate care funding ● Winter pressures funding
Improving access to GP services	● Minor ailments schemes ● Pharmacy-based walk-in centres ● Supplementary prescribing	● Primary care access funding
Managing the drugs budget	● Waste reduction schemes e.g. repeat dispensing, medication management in older people	● Drugs budget
Implementing the NSFs	● Disease management programme ● Medication review	● Funding for NSFs
Providing a medicines management service (target from Pharmacy in the Future)	● Waste reduction schemes e.g. repeat dispensing, medication management in older people ● Medication review	● NPC medicines management collaborative ● Funding for NSFs
Implementing the expert patient programme	● Concordance work	
Improving primary care premises	● Pharmacies in one stop centres ● Pharmacies in areas of current pharmaceutical under provision ● Development of pharmacies in deprived areas	● NHS Lift
Implementing the Carsons Review of out of hours GP services	● An out of hours (OOH) pharmaceutical service provided from a GP OOH co-operative	● OOH quality or implementation funds Funding linked to OOH exemplar programme
Reducing health inequalities	● Pharmacy based healthy living centres /walk-in centres ● Minor ailments schemes ● Development of tailored pharmacy models in rural or deprived areas	● Vital villages funding ● SRB ● Sure Start ● Health action zone funding ● NHS Lift ● Pathfinder projects





closing date for full LPS applications (June 2002) – unless PCTs decide they will not accept LPS bids until a future date.

Four regional panels will screen full proposals, using criteria to be published in DoH guidance.

The applications they recommend will be put forward to the Secretary of State for approval.

● What happens once an LPS pilot is approved?

The PCT will be notified of approval and given a specific date for implementation. This is likely to be the same date specified on the full proposal application form and agreed between the PCT and provider.

Following approval, the LPS contract has to be signed. If the agreed start date passes and the pilot has not yet begun, the PCT must reapply for Secretary of State approval. This means the contract must be negotiated and agreed prior to this date.

The PCT will performance-manage and monitor the LPS contract. All LPS pilots will be asked to take part in national evaluation and all will undergo a review during the first three years.

● What is the application deadline for LPS?

In 2002 there will be two deadlines, the first June (exact date unknown), the second November 1. Pilots who apply in June are expected to be up and running by Christmas 2002. Those who apply in November should be up and running by April 2003. In future there will probably be just one closing date per year for applications.

● I'm not interested in doing an LPS. Do I still need to understand it?

LPS will affect all contractors, whether or not they enter a contract. As LPS will enable new contractors to enter the market, this may affect the prescription volume, goodwill and collateral of neighbouring PhS contractors who are close to these contractors.

If existing contractors switch to LPS and their services prove popular with the public, surrounding PhS pharmacies may lose customers who choose to go to the new type of pharmacy instead. Exactly what impact LPS will have on these issues cannot be quantified at this time, but the NPA plans to shadow the first wave LPS pilots to learn with them and to try to quantify the impact LPS has.

These FAQs will be updated as more information becomes available. In the meantime, for the most up to date information and advice, contact the NPA LPS helpline

For more information:
e-mail: lps.help@npa.co.uk
Tel: 01727 858687 ext 293 or 376.

Beating the Budget

There are still lots of post Budget tax saving opportunities, explains Anne Hutchings

While larger businesses have complained that New Labour has turned against them with the latest Budget, small businesses have some leeway to dodge some of the financial pitfalls.

From next April employers, the self-employed and employees face an extra 1 per cent in national insurance charges. The fact that there is no ceiling on this means that the marginal rate of tax for many pharmacists will increase from 40 to 41 per cent. So a self-employed pharmacist with taxable earnings of £50,000 per annum will pay around £454 extra national insurance per annum.

Tip Pharmacists should check they are claiming all expenses to which they are entitled. In particular review motor expenses, claim for use of home as office and consider paying wages to a spouse or other relative for help in the business. Claiming just £1,500 more in expenses will more than extinguish the extra national insurance.

Pharmacists who are employers will have to pay an extra 1 per cent national insurance on employee earnings over £89 per week. The employees also face the 1 per cent rise. Many pharmacists employ part-time staff and if the earnings are below £89 per week there will be no national insurance to pay. Where pharmacists operate through a limited company, their own salary will be liable to the increased national insurance.

Tip Pay a smaller salary and take the balance as dividends on which there is no national insurance. The savings can be huge:

Company director on £50,000 per annum

Employers national insurance contribution	£5,807
Employees national insurance contribution	£3,032
TOTAL	£8,839

If he took £5,000 in salary and the balance in dividends, contributions would be:

Employers national insurance contributions	£48
Employees national insurance contributions	£41
TOTAL	£89

This represents an annual saving of £8,750.

Reduction in company tax rates

Pharmacists operating their businesses through limited companies will benefit from a reduction in the small companies rate of corporation tax. Companies with profits of up

PA Photos

to £10,000 per annum will pay no tax. Those with profits over £10,000 but under £300,000 per annum will pay a straight 19 per cent (previously 20 per cent) on the total profits. A pharmacist whose company has a taxable profit of £150,000 will pay tax of £28,500. Prior to the Budget this would have been £30,000.

Tip For a long time it has been tax effective for pharmacists operating as sole traders and partnerships to convert their businesses into limited companies. This latest tax reduction for companies makes it even more compelling.

Example: Sam, a sole trader, makes taxable profits of £150,000 from his pharmacy.

As a sole trader Sam will pay tax and NIC of approximately £54,450. But by converting to a limited company the overall tax and NIC bill could be reduced to

Approximately	£27,620
Tax saving	£26,830

Capital gains tax savings

With effect from April 6 the capital gains tax on business assets will be no more than 10 per cent providing those assets have been owned for at least two years.

This is due to the business asset taper relief allowance, calculated after deducting normal expenditure which is allowable for capital gains tax purposes. Here is an example of how it works:

Sam the sole trader decides to sell his pharmacy and receives an offer for the goodwill of £550,000. He originally bought the goodwill for £350,000 in 1999.

His capital gains tax will be calculated as follows:

Sale proceeds	£550,000
Less cost	£350,000
Net gain before taper relief	£200,000
Taper relief (75% of the gain)	£150,000
Taxable gain	£ 50,000
Tax at 40%	£ 20,000

This is the equivalent of tax at 10 per cent on the gain of £200,000.

Tip Sole trading and partnership pharmacists thinking of converting to limited companies can use this to their advantage. Consider selling the goodwill at full market value. In return for paying relatively low capital gains tax (10 per cent) the pharmacist can then draw the money out of the company as cash flow allows with no further tax liability.

Domicile Press speculation prior to the Budget suggested that the rules affecting domicile status would change. Instead Gordon Brown has announced a review of the legislation. *Note – previous Chancellors have carried out similar reviews resulting in no changes to the legislation.*

Domicile is used as an effective tax planning tool by many pharmacists. It is possible to obtain a non-domicile status even if an individual has lived in the UK for a number of years, providing their father was born overseas, ties have been maintained with that country and there is an intention to return there eventually. Having an overseas domicile allows the pharmacist to accumulate overseas income and gains, which will not be taxed in the UK unless remitted here. The remittance rules can be overcome with careful planning.

Tip Many of our pharmacist clients are investing in UK properties by buying through an offshore structure. Capital gains arising when properties are sold will be tax-free.

Inheritance tax

The only certainties in life are death and taxes! The Chancellor announced a small increase in the nil rate band from £242,000 to £250,000. This is not much help to people whose homes alone have a value of more than £250,000. Inheritance tax should be regarded as a voluntary tax only payable by those who have not planned their affairs in a tax efficient way.

Tip Married couples can double up on the £250,000 nil rate band by using trusts. This alone can save £100,000 of inheritance tax. Before implementing any tax planning it is essential to take advice from a tax specialist.

Anne Hutchings is a partner at Hutchings Modi & Co, a specialist accountant and tax consultant firm for pharmacies: 020 7433 1513.

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Products and services

Pharmacy's real life marathon men

A bit like the London Marathon itself, details of those dedicated souls who practice the health and fitness message they preach to their customers and pounded the pavements a fortnight ago are trickling into the office.

First across the line (so far, unless anyone can boast a faster time) was proprietor pharmacist Stuart Moul, from St Anne's, Bristol.

It was his first full marathon and he finished in 3hrs 59mins. He was raising money for the Bristol Cancer Help Centre after three of his staff were diagnosed within a short period of time last year.

With the help of collection boxes in his four pharmacies he raised over £1,700. "The run was a fantastic event," he reports, "with the crowds cheering me by name all around the course.

"The final three miles from the Tower of London to Buckingham Palace was incredible. I have had little time to rest as I now have the chance of running in the New York Marathon."

Marathon veteran Amarjit Gill, from Gill Chemists in Southam, Middlesex, in his fifth marathon (four in London and one in Chicago) clocked his best time so far of 4hr 25mins. Running for MacMillan Cancer Relief, he reckons to have raised about £10,000 over the years.

Tariq Mahmood, from Mim Pharmacy in Romford, Essex, completed his third London Marathon in 6hrs 10mins. His chosen charity was St Frances Hospice and he raised £1,012.85.

Well done fellers!

Stuart Moul greets the crowds along the route of his first ever London Marathon, which he finished in under four hours

Convention gets southern exposure

It can be a thankless task organising a convention, especially when events completely beyond your control turn the best laid plans pear-shaped.

Delegates to the Vantage Convention in Cape Town last week found themselves delayed overnight at Heathrow on the way out, then for a further hour in the morning as those who had gone AWOL after indulging in a drop too much of the Dunkirk spirit had to be tracked down.

Delays to the incoming flight meant there was not enough time to turn the plane round before Heathrow closed for the night.

Confined to barracks in an airport hotel, passengers were informed they would have to be up at the crack of dawn for a prompt departure. Unfortunately a couple of hardy souls had not returned to their room before the 5.30am reveille was sounded. It was only with the help of a couple of hotel security officers that the pair were roused in time to be poured onto the plane – allegedly.

Pity then, the manufacturer's representative who lived close enough to Heathrow to go home for the night. After all, what is 20 minutes on the M25 early in the morning? But you can't rely on anything these days. She woke late to find her electric alarm clock had been knocked out by a power cut during the night. Twenty minutes from the airport is an awfully long way when the rest of the flight is in the departure lounge.

Delegates had a high-kicking time in the Cape Malay street party, part of the Vantage Convention held in Cape Town, South Africa, last week

The convention, once its delegates arrived, went with a swing. High points in the social programme included a 'colonial' dinner on the lawns of the oldest building in South Africa, Cape Castle (yes, they really were ostrich eggs on the table), and a visit to Cape Town's equivalent of Alton Towers. At the latter venue a certain marketing director's penchant for an adrenaline rush impressed our correspondent.

Ian Bray may yet enter the Guinness Book of Records under a 'most fearless' category. Besides racing onto the Sling Shot (hauled backwards 60ft above the ground and left to hurtle groundwards headfirst, like a giant trapeze) and the Cobra (feet dangling on a loop-the-loop roller coaster) this latter-day Hemmingway also fitted in a spell swimming with great white sharks. Pity his marketing team on his return. Grrrrr.

Interesting souvenirs included the hand-carved giraffes. Coming in at a shade under 8ft, these carvings would be useful for growing sweet peas up back in the UK.

A few dextrous travellers were seen at Cape Town carrying the bubble-wrapped ungulates much as the Benidorm tripper lugs back a donkey. But giraffes are just that bit classier, after all.

PSNI hands out a reprimand

Newry town centre in Northern Ireland was closed down by a security alert for a few hours late in the evening on April 11.

Police were called to check out a suspicious object on the pavement outside The Canal Court Hotel.

After investigation and a number of phone calls (one, we understand, to a certain Dr Colin Adair in the wee small hours of the morning), the suspicious object was identified as a projector belonging to the NI Centre for Pharmacy Postgraduate Education.

It transpired that a NICPPET seminar had been held in the hotel that evening and the tutor had driven off forgetting to put the thing in the boot of his car.

The chastened pharmacist was, we are told, "given a right bollocking by the PSNI" when he returned next day to pick up his lost property.

No, it wasn't his professional body handing out the reprimand – it was the Police Service of Northern Ireland.

Oh, and the subject of the evening's talk? Risk Management in Professional Practice.

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A supplement to Chemist & Druggist, April 27 2002

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DATE OF PREPARATION: April 2002
UCB-ZAR-02-109

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Published Saturdays by CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at: http://www.dotpharmacy.com/

Subscriptions: (Home) £150 per annum; (Overseas & Eire) $369 per annum including postage, £2.60 per copy (postage extra)
Additional Price List: £100 per annum

Circulation and subscription:
CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF
Telephone: 01858 438809
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

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Burning issues

Could the UK learn from the success of the Australian health education programme on sun protection? Dr Jane Oppenheim, scientific director for sunscreen manufacturer Ego Pharmaceuticals in Australia, tells Sarah Thackray why she believes it must

Australians have one of the highest rates of skin cancer in the world. One in two Australians will develop skin cancer at some stage of their life and more than 1,000 Australians die from it every year.

"Skin cancer was increasing in Australia for many years until the 1980s when, as a community, we started taking it very seriously," explains Dr Oppenheim who is chairman of the sunscreen special team for the Australian Self Medication Industry (ASMI).

"Australia's anti-cancer council developed very successful educational campaigns to make people aware of the dangers of sun exposure and how to prevent skin damage. These campaigns have been long running and have had a lot of money and commitment invested."

On-going Australian campaigns include 'Slip, Slop, Slap' (slip on protective clothing such as a T-shirt, slop on sunscreen and slap on a hat).

Dr Oppenheim points out: "Over the last 20 years, the Australian attitude towards sunbathing has changed completely. You won't find many Australians who are 'sun bakers' – there are some but not many. If you look around the Australian beaches the people who are 'baking' are probably tourists.

"For many, sunscreens are the most practical means of solar protection during outdoor activity. It is unrealistic to think that runners, golfers, cyclists, fishermen, children and those with outdoor occupations are going to suspend all activity outside the hours of 10.00am and 4.00pm when the sun is at its strongest.

"It is very common for Australian schools to buy sunscreens and have a pack in every classroom. My own two children go to school all the year round with an SPF 60+ sunscreen and they have never been burnt.

"The incidence of skin cancer in Australia has now 'plateaued' in the older age group and there is a decline of melanoma in the younger age group. However, melanoma is rising quite rapidly in the younger population in the UK."

Dr Oppenheim: Australia has seen a shift in attitude to sunbathing in recent years

In the last 20 years, the UK has seen the number of recorded new cases of non-melanoma skin cancer nearly doubling to around 40,000 each year.

In addition, there are 5,770 cases of malignant melanoma diagnosed annually. Malignant melanoma is the 13th most common cancer in the UK and the third most common cancer in 15–39 year olds.

Dr Oppenheim attributes the increase in UK skin cancer to a combination of cheap travel and the desire to tan in a limited period of time.

"There is also a very positive association between tanning and perceived success in the UK," she says.

"If you get sun exposure in

Continued on page 4

"The main lesson that the UK can learn from Australia is to change your attitude towards tanning"

Continued from page 3

short, intense bursts, you are more likely to get melanoma which is probably why the melanoma rates in the UK are increasing at such a high level.

"Many people think that burning once is just not a problem. However, it can be that one instance that will result in the appearance of skin cancer later in life.

"On-going exposure to the sun or solariums also increases the signs of skin ageing such as uneven pigmentation, changes in textures and reduced elasticity."

One of the European concerns is whether sunscreens actually work against basal cell carcinoma and melanoma.

"I have no doubt that they do," says Dr Oppenheim. "The best evidence for that comes from significant studies which have shown that melanoma has decreased in Australia over time, and that decrease has exactly paralleled the anti-cancer council message.

"Studies show that sunscreens are the most preferred method of skin protection from the sun in Australia – 74 per cent of people wear them for that reason."

In the last year, UK consumer concerns about the safety of sunscreens have been generated by press headlines such as 'Danger: do you know what is in your sunscreen?' or 'Could your sunscreen be giving you cancer?'

Dr Oppenheim comments: "The press needs to be very responsible in reporting negative stories about sunscreen ingredients. There have been many of these in the past few years and yet none of them have been substantiated."

Oxybenzone is one example. She says it has had many studies that prove its safety. These were conducted as part of a cosmetic ingredient review and were therefore overseen by the Food and Drug Administration and published in the *Journal of the American College of Toxicology*.

"The studies have indicated absorption from the skin and subsequent excretion in the urine of several animal species – without toxicity to the animals."

The scientific community therefore knew that sunscreen can be absorbed by the skin, and a number were not worried by that.

Others were. The press was alarmed to hear about a University of Queensland study, which showed that mice absorbed sunscreen when it was applied at six times the normal level. The researchers suggested that the absorption could create a toxicity problem.

"It was reported in the press that oxybenzone, as used in sunscreens, is carcinogenic. Clearly there was nothing new in the research from Queensland and there was no justification for the conjecture that there was any danger by either the researchers or the reporters."

Dr Oppenheim stresses that the value of an educational campaign to make people aware of the dangers of sun damage is undermined very easily by negative stories about sunscreens.

She points out: "Any excuse not to apply sunscreens, such as a lingering doubt about their safety, will sway people against their use." The details, such as the name of the particular ingredient involved, are eventually forgotten, and all that is left is the overall theme that sunscreens are dangerous.

Sunscreens, she says, are very good at protecting from UV-B because there is a standard test method that reports on this attribute. UV-B is still the most toxic and dangerous region of the solar spectrum.

"It is most unfair to sunscreens to suggest that they may be carcinogenic because they absorb UV-B better than UV-A. In fact, to be a high protection sunscreen (SPF 30) the product needs to absorb UV-A as well."

It may never be possible, she adds, to absorb as much UV-A as UV-B while still having a cosmetically acceptable sunscreen. And its uncertain whether you need as much UV-A protection as UV-B protection.

Dr Oppenheim also believes the star rating system is confusing and often misunderstood.

"It is widely believed that the star rating is a measure of UV-A but it is not," she says. "The star rating is a ratio of UV-A over UV-B. A four star rating can be achieved by having a similar level of UV-A and UV-B absorbency."

Good protection in the UV-A range, she adds, is more important than equivalent protection in UV-A and UV-B. An SPF100 product with two stars has better UV-A and UV-B protection than the SPF31 product with four stars. In the UK, the consumer is faced with the difficult decision between SPF and stars.

"It is much better to have a real measure of UV-A protection, instead of having the ratio system." UV-A protection, she says, is said to have a crucial role in preventing skin cancer (particularly melanoma and basal cell carcinoma), skin ageing and photosensitivity disorders. These disorders affect a significant number of people.

Information on the UV-A protection offered by a sunscreen should be presented in a meaningful and understandable way to consumers. ASMI has suggested a universal test for UV-A that, it hopes, will be as recognised as the SPF rating.

"Two similar ratings for the different parts of the solar spectrum would be much easier to comprehend and explain than the Boots Star System, which is an orthogonal measure of the broadness of spectrum of protection and not a UV-A measurement.

As UV-A is constant year round, she adds, sunscreen should be used every day. Avoiding the sun in the middle of the day in summer is not enough to protect you from UV-A, nor does it provide adequate protection from UV-B.

Dr Oppenheim believes that people should be discouraged from sunbathing altogether.

"If people are using sunscreens to get as burnt as they would without sunscreens, they are just wasting their money. Those who are going to tan will tan. Others will never tan no matter how hard they try," she says.

"The main lesson that the UK can learn from Australia is to change your attitude towards tanning. If you start thinking that you don't need to tan, you will actually have the freedom to enjoy other things."

Ego Pharmaceuticals manufactures Sunsense which is a leading sunscreen brand in Australian pharmacies. The range is distributed in the UK by Lagap Pharmaceuticals.

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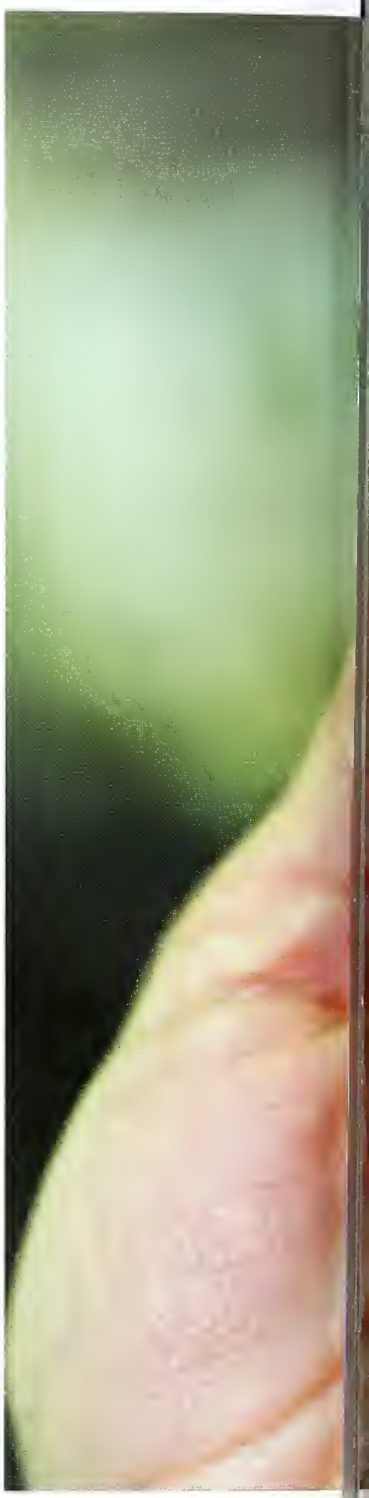
Sun protection you can trust

Don't forget the jab

Carolyn Driver, chair of the British Travel Health Association, advises on some of the most important holiday vaccinations



Travellers made more than eight million journeys from the UK to "exotic" or developing countries[1] in 2000. Destinations such as The Gambia, Dominican Republic or Goa are no longer restricted to the rich and famous but can be found in most package holiday brochures. The way individuals book their travel is also changing and frequently holidays will be booked by telephone, teletext or via the internet – often at short notice.

Recent research[2] found nearly one in five travellers is unprotected from diseases they might encounter, and as many as half are not taking basic health precautions. This research also found many travellers were unaware of how diseases are contracted and their consequences. One problem may be access to such advice. It can take time to get an appointment with a GP. If a holiday is booked at short notice or travellers leave it late before seeking advice, they may be unsuccessful. Outside London there are few specialist travel clinics, so the community pharmacist can play a valuable role in giving travel health information.

Trauma is the most common problem faced by travellers, but respiratory and gastro-intestinal infections are also frequent. These should be discussed even though the traveller's first question may be what vaccinations he or she should have. While it is important that the correct vaccinations are recommended it is also vital that general lifestyle precautions are also explained, such as food and water safety, general safety, skin care and bite avoidance.

Mandatory or not? Travellers are often confused about required and recommended vaccinations. It is important that those advising the public understand this issue. Yellow fever is now the only vaccination that carries an International Certificate of Vaccination, which may be a mandatory requirement for entry into certain countries. This is an issue of controlling the spread of infection rather than protection of the individual. Countries demanding the certificate may well have little risk of the disease but they want it to remain so, therefore they control the chance of infection entering.

Countries with a significant level of the disease will not be so concerned and so will not demand a certificate, but the individual is at significantly higher risk in these areas. It is important that a traveller to an endemic area is advised about the need for vaccination regardless of whether the certificate is mandatory or not.

The only other mandatory vaccination is for those travelling to Saudi Arabia to attend either the Hajj or Umra Pilgrimage when proof of vaccination against meningitis (A C W135 & Y strains) is required.

Those advising travellers on these issues should have access to the most up-to-date sources of information, ideally online but, if not, then the most recent edition of The World Health Organisation's book – *International Travel And Health (see box 1)* – which is published annually. The National Pharmaceutical Association can also give up-to-date advice to members.

Most used vaccinations. Independent travellers and, in particular, those going for several weeks or more, require a thorough risk assessment and advice tailored to their specific needs. For most package holidaymakers or cruise passengers travelling for only one or two weeks, the following guidelines may apply:

Hepatitis A – This is the most commonly acquired, vaccine-preventable disease in travellers. A viral infection spread by the faeco-oral route, it is endemic throughout the world but risk is highest where general standards of sanitation are poor. It can be acquired through contaminated food or drink, personal contact or through swallowing contaminated water while swimming or washing.

The infection has a prolonged incubation period of between three and six weeks, thus allowing travellers to spread infection on their return home. Young children often have a mild infection and may not be symptomatic, but shed the virus to those with whom they come into contact. The disease becomes increasingly severe with age and carries a 2 per cent mortality rate over the age of 40. The main symptoms include fever, chills, headache, fatigue, aches, loss of appetite, nausea and vomiting. In 70–80 per cent of adults jaundice develops after a few days and persists for one or two weeks. There is no specific treatment and symptoms subside spontaneously, but there can be a prolonged recovery phase. There are no chronic changes in the liver.

Prevention is by scrupulous food and water precautions but most effectively by immunisation with an inactivated Hepatitis A vaccine (*see chart*).

Typhoid – this is a bacterial infection caused by Salmonella typhi. It is spread by contamination of food or water by the faeces or urine of infected individuals. Like hepatitis A, it is most common in areas where sanitation is poor and where food hygiene regulations are absent or poor. Infected individuals can continue to shed the organism for some time after acute illness and, in the UK, they would not be allowed to work in the food industry until they have had successive negative tests. This is not always the case abroad.

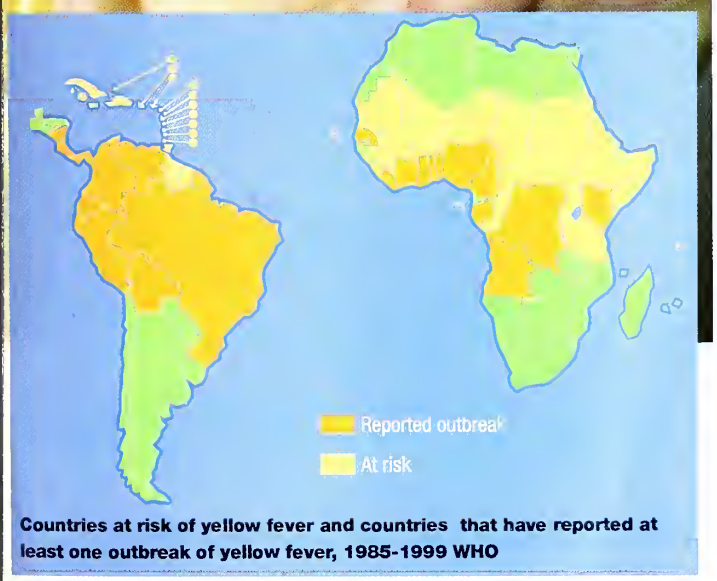
There is an incubation period of one to three weeks after which fever, malaise and headache develop. After about one week a cough and either constipation or diarrhoea may occur. Septicaemia will follow in undiagnosed cases and the untreated disease has a 20 per cent mortality rate. Treatment with an antibacterial agent such as ciprofloxacin is usually successful. Differential diagnosis is made by blood cultures, but the treatment is often started on suspicion rather than after waiting for positive results.

Prevention relies on strict food and water precautions (regardless of quality of hotel) and immunisation with either an injectable inactivated vaccine or an oral live vaccine (*see chart*).

For those 16 years of age and over, combined hepatitis A and typhoid vaccinations are available.

Vaccine chart

Vaccine	Age can first be given	Route	Number of doses	How long does it last?	Side Effects	Cost
Hepatitis A	1 year	Injection	2 (6–12 months apart)	1 year after first dose 10 years after 2nd dose	Slight local discomfort at site may occur. Headache and fever are rare	Free at own GP
Typhoid	2 years	Injection	1	3 years	Discomfort at site and mild headache/ fever can occur	Free at own GP
Typhoid	6 years	Oral	3 – on alternate days	1 year	Rarely diarrhoea and vomiting	£25–£40 or may be given on FP10
Yellow fever	9 months	Injection	1	10 years	5 per cent of recipients may experience flu-like symptoms 4–7 days after injection	£30–£40



Countries at risk of yellow fever and countries that have reported at least one outbreak of yellow fever, 1985-1999 WHO

This has the benefit of only one injection being needed initially, although a hepatitis A booster will still be required six to 12 months later (*see chart*).

Yellow fever – a mosquito borne viral infection that occurs in 33 countries in sub-Saharan Africa and 10 countries in tropical South America (*see map 1*). Travellers to any of the endemic areas are potentially at risk as this disease is virtually impossible to eradicate because the mosquito can pass the infection from one generation to the next and monkeys are also a reservoir. The disease can occur in urban areas as well as more rural locations.

The infection has a short incubation period of three to six days after which fever, malaise, intense muscular aching, headache and abdominal pains can last for three or four days. After this there may be spontaneous recovery but, in some cases, there will be a relapse into a severe haemorrhagic fever with a 50 per cent mortality rate. There is no specific treatment.

Prevention is by immunisation with a live attenuated vaccine and bite avoidance measures. The yellow fever vaccination can be given only at designated yellow fever centres as it carries an International Certificate of Vaccination according to International Health Regulations (a list can be found at *http://tap.ccta.gov.uk/doh/yellcode.nsf/pages/Home?open*).

The disease does not occur outside Africa or South America, but the potential exists in tropical countries in south east Asia and Central America. A certificate will be required on entry to many of these destinations only if the traveller has recently visited, or is travelling directly from, an endemic area. Those travelling directly from the UK would not require a certificate and are not at risk of infection.

Diphtheria/Tetanus/Polio – it is always advisable to check that anyone intending to travel abroad has completed a primary course of tetanus, diphtheria and polio vaccination, paying particular attention to those born before 1960 who may not have been routinely immunised as children.

When to vaccinate. Ideally, travellers to "at risk" destinations should be vaccinated with hepatitis A and typhoid at least two to four weeks before departure to allow the antibodies to reach maximum levels. In the case of yellow fever, protective levels are reached after about seven days but, where a certificate is mandatory, the vaccination should have been given a minimum of 10 days before arrival in the country.

However, all travellers to at risk destinations should be vaccinated, even if this is last minute. Vaccine-induced antibodies will form during the disease's incubation period, which will at least attenuate infection if not completely prevent it. Immunoglobulin is used only in post-exposure situations so would not be recommended for travellers.

References

1. ONS. Travel Trends. A report on the 2000 International Passenger Survey (Stationery Office 2001)
2. Entri Market Research. Survey on Travel Health and Attitudes towards Vaccinations. April 2001
Personal Communication

Carolyn Driver MSc, RGN, RM, RHV is an independent travel health specialist nurse

Information sources

The WHO International Travel and Health website – *www.who.int/ith*

TRAVAX, a database run by the Scottish Centre for Infection and Environmental Health for health professionals. *www.travax.scot.nhs.uk* or its public access site *www.fitfortravel.scot.nhs.uk*

The WHO also publishes the information in book form: *International Travel and Health* – a new edition is published in February of each year. (Available from the Stationery Office)

The Department of Health's *Yellow Book. Health Information for Overseas Travel* (The Stationery Office) also contains this information and has maps of Africa and South America showing the yellow fever endemic areas.

Trend to GSL: a threat to pharmacy?

The allergy market is increasingly going GSL, presenting both opportunities and challenges for pharmacy. Adrienne de Mont reports

Since last summer, small packs of cetirizine and loratadine have switched from P to GSL. When similar changes occurred in Australia the market grew 25 per cent, says Mark Varian, GlaxoSmithKline's OTC marketing director.

"Making the products more accessible drives growth," he explains. "In the UK only 60 per cent of people who suffer from allergies are treated, so there is plenty of potential for growth here too."

Allergies affect one in four of the population and each year this number increases by 5 per cent, one of the main reasons being pollution. There are 6.6 million adult hay fever sufferers, of whom 4.8m treat the symptoms. While allergies are most prevalent in the summer, 39 per cent suffer symptoms all year round.

Although the market is increasingly competitive, brand loyalty is high. There is a move towards one-a-day products that do not cause drowsiness. Safety scares in recent years have led parents, in particular, to look for products that are safe for all the family. Hay fever sufferers want relief from a general feeling of "grogginess" as well as the visible signs.

GlaxoSmithKline says the allergy market is growing by 17 per cent (18 per cent by volume) and is valued at £64m. It is highly seasonal, with 62 per cent of sales occurring over the 10-week hay fever season. This usually starts in April, peaks in June and July and tails off in August.

Fifty two per cent of consumers actively seek pharmacy advice and pharmacies are by far the main place of purchase for allergy remedies; 41 per cent of sales go through independents and 25 per cent through Boots The Chemists.

Mr Varian predicts that this year the allergy market will be backed by a promotional spend of at least £7m. GlaxoSmithKline is launching Piriteze Allergy, a cetirizine-containing sister to Piriton, with a total marketing spend of over £2m. A further £1.3m will support Beconase Hayfever.

Piriton will still be promoted as an all-allergy brand, particularly as it is suitable for childhood conditions such as eczema and chicken pox.

Cetirizine in packs of 30 has moved from POM to P. "This larger pack size gives GP-bound patients the chance to change to non-prescription treatments, especially as the cost is only slightly more than the £6.20 prescription charge," says Mr Varian. "Hay fever sufferers will be able to treat themselves all summer without the inconvenience of going to the doctor."

GSK's allergy portfolio

So will it be a good year for hay fever sufferers or the market?

"The long range forecast is that it will be a wet summer, but that is not necessarily bad news for manufacturers. Although rain damps down the pollen, on bright windy days the pollen is released into the air again."

Don't forget own-brand opportunities

UniChem recommends working out how much customers can save by buying own brands rather than brand leaders, then asking: "Did you know we sell our own hay fever remedy?" Own brands can be sited next to similar branded products to make comparisons easier.

Another tip is to make a point of cross-selling tissues.

Promotions

Beconase Hayfever: A £1.3m spend includes television advertising in May and June, public relations and pharmacy education.
Benadryl One a Day (14s) and **One a Day Relief** (7s): A £3m marketing campaign throughout 2002 will support the launch of the seven-tablet GSL and 14-tablet P products containing cetirizine.
Piriteze Allergy: A £2m spend includes television advertising in May and June, with consumer press advertising until the end of November.

The €uro itch

Crookes Healthcare says some Europeans are reporting allergic contact dermatitis from contact with the new € coins.

The high levels of nickel have been blamed; the 1€ coin contains about 11 per cent nickel and 2€ about 9 per cent.

Symptoms range from slight itching of the hands to redness, swelling and severe discomfort.

The company will be supporting He45 with in-store promotions in pharmacies and public relations from April to August.

Top 5 brands – oral

- Clarityn
- Benadryl
- Piriton
- Zirtek
- Clarityn Allergy Syrup

Sales through all outlets £48.05m (up 22 per cent year on year), through pharmacies (up £42.57m (up 21 per cent)

Top 5 brands – nasal sprays

- Beconase Allergy
- Rhinolast
- Care Hayfever Relief
- Livostin Direct
- Afrazine

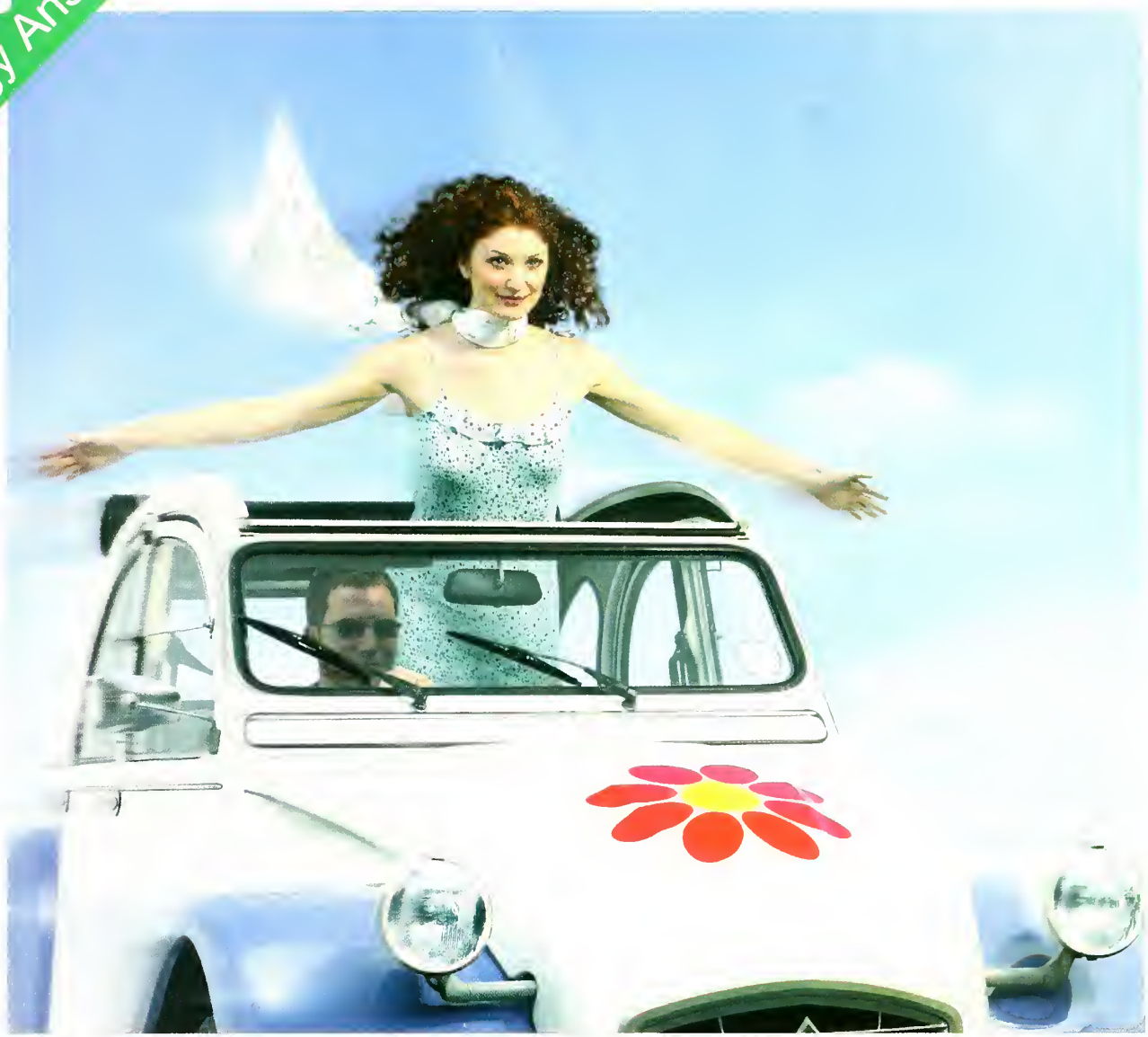
Sales through all outlets £10.28m (up 7 per cent), through pharmacies £9.07m (up 5 per cent).

Top 5 brands – eyedrops

- Opticrom
- Otrivine
- Optrex
- Livostin Direct
- Clariteyes

Sales through all outlets £5.75m, through pharmacies £5.1m (slight decline in both).

(Source: Information Resources, 52 weeks ending Feb 24)



There are easier ways to clear a hayfever head

Nothing beats Beconase Hayfever for getting rid of blocked up, groggy hayfever heads.[1]

Unlike antihistamines, Beconase Hayfever has a direct anti-inflammatory action on the whole hayfever response.[2] That's why it relieves that unpleasant groggy headed feeling as well as classic hayfever symptoms.

Help put a stop to hayfever heads, eyes and noses. Start Beconase Hayfever, clear and simple.

BECONASE
hayfever
beclomethasone dipropionate

CUTTING HAYFEVER DOWN TO SIZE

gsk

econase Hayfever Product Information:
resentation: Aqueous nasal spray containing 50 micrograms eclomethasone dipropionate per spray. **Uses:** Allergic rhinitis. **osage and administration:** Intranasal use only *Adults aged 18 nd over:* Two sprays into each nostril every morning and evening **ontraindications:** Hypersensitivity **Precautions:** If symptoms ave not improved after 14 days use consult a doctor. Do not use ontinuously for longer than 3 months without consulting a doctor. isk of adrenal suppression with use of higher than recommended oses. Precaution in presence of nasal infection. Avoid in pregnancy and lactation, unless otherwise directed by a doctor **Side effects:** Dryness and irritation of the nose and throat, unpleasant smell and taste and epistaxis have been reported rarely. Rare cases of raised intraocular pressure or glaucoma and nasal septal perforation have been reported. **Hypersensitivity reactions:** Systemic effects may occur, particularly when used at high doses for prolonged periods. **Legal category:** P. **Retail selling price:** (ex VAT) 100 spray £5.10; 180 spray £7.65. **Product licence number:** 10949/0093. **Licence holder:** Allen & Hanburys Limited, Uxbridge, Middlesex UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare U.K., GSK House, Brentford, Middlesex TW8 9GS. **Date of preparation:** March 2001. BECONASE HAYFEVER is a trademark of the GlaxoSmithKline Group of Companies. © GlaxoSmithKline, 2001.

References: 1. Weiner *et al.* Br Med J 1998; **317**: 1624-9. 2. International Rhinitis Management Working Group. International consensus report on the diagnosis and management of rhinitis. Allergy 1994; **49**(suppl 19): s1-s34.

Avoid the feeding frenzy

Don't give mozzies and other insects a free dinner – just apply a bit of common sense and some insect repellent. Guy L'Aimable reports

Some holiday makers will probably spend months in the gym, buy the latest hip summer wear, and thoroughly prepare to parade their beautiful bodies abroad. There's only one slight hitch – all that finely-toned flesh may become marred by ugly blotches and bumps as mosquitos and other tiny pests gorge themselves on rich, Anglo Saxon blood.

This is a common problem for tourists. Around the world, 500 million people annually suffer from diseases caused by insect bites. Every year around 2,000 people come back to the UK with malaria while, in the tropics, the disease kills around 2.5 million each year.

Given the number of insects, it's surprising more people are not affected. Flies and mosquitos are the fourth largest group of insects and comprise at least 60,000 species. Mosquitos aside, even houseflies and horseflies can transmit serious diseases, such as tuberculosis, typhoid, dysentry and cholera.

Consumers needn't worry unduly. Whether they plan to spend a fortnight in Cornwall or Tanzania, there are plenty of brands that will repel most insects.

The UK insect repellent market is worth around £20 million, although it pales in comparison with the USA, which is worth over $500m and is still growing. But John Devonald, Cameron Products UK's commercial manager, says the UK market still looks promising because more people are travelling abroad and there is "... an increasing awareness of the risk involved [in going abroad], and the precautions required to avoid the illnesses transmitted by flying insects".

Judging which product is best for you will involve trial and error. But the European Commission has at least made an effort to guarantee the quality of these products. It has issued a directive – formally adopted in the UK in April 2001 – that harmonises the European authorisation process for biocides, including insect repellents, and their active substances.

As part of the directive the European Commission is carrying out a review of all the biocidal active substances – the relevant manufacturers had until March 28 to provide the necessary information. The review is expected to take around 10 years.

Meanwhile, the Health and Safety Executive will be responsible for assessing active substances and approving biocidal products in the UK.

Manufacturers have welcomed the move. David Perkins, managing director of Adern Healthcare, said: "It's a good development because it makes sure everybody knows exactly what is in the biocides."

Consumers can currently choose between two types of insect repellent: those with DEET (diethyltoluamide) and those without.

Last year's furore over DEET seems to have died down and, although it still has its critics, the chemical is used by more than 200m people worldwide every year.

One manufacturer, who did not wish to be named, believes there is still a lot of misinformation about DEET. For example, a pharmacist recently told him the chemical was partly to blame for the problems ex-Gulf War servicemen were facing (the so-called Gulf War Syndrome).

As DEET is absorbed through the skin, it would be sensible not to apply it in large quantities to children, who are likely to absorb more because of their large surface-to-volume ratio.

Adults have less to worry about, although the compound may cause a rash in those with broken, or very sensitive skin. For all that, DEET-based repellents remain the most effective.

Customers who want a more natural alternative could choose oil-based products, such as Natrapel or Mosiguard – or just use the natural oils, such as neem, tea tree and eucalyptus.

Whatever product customers choose, they should take the following precautions:

- where possible, avoid going outside between dusk and dawn
- wear long sleeves and long trousers
- avoid dark coloured clothing
- choose an air-conditioned room
- keep doors and windows closed
- avoid using perfumes and aftershaves
- choose a room above the third floor. Insects apparently don't tend to fly that high, although they could still be swept up by the wind
- makes sure there are no open water containers nearby – some insects use the water to breed

When using insect repellents the following tips will help:

- use repellents with 30-50 per cent DEET for your skin. Some customers may prefer non-DEET products for children
- repellents with higher DEET doses can be applied to clothes
- wash off excess repellent before you go to bed
- use a mosquito net – preferably doused in permethrin to prevent insects from landing on the net
- use sprays at dawn and dusk
- some find mosquito coils and plug-in repellents equally effective.

Useful websites:

www.fleetstreetclinic.com
www.fitfortravel.scot.nhs.uk
www.travelhealth.co.uk

Gauging DVT advice

The risk of healthy people suffering a clinically significant deep vein thrombosis when flying is low.

But all air passengers should move around the cabin as much as possible, exercise their calf muscles when seated and avoid alcohol and caffeinated drinks.

Last year the Government recommended that people at high risk of DVT should seek medical advice before flying, and that these groups should consider elastic hosiery, as there is some evidence it can prevent travel-related DVT and pulmonary embolism.

Activa Healthcare has classified the risks as:

Minor risk

- aged over 40
- very tall, very short or obese
- previous or current leg swelling from any cause
- recent minor leg injury or minor body surgery
- extensive varicose veins

Medium risk

Any of the above plus:

- recent heart disease
- pregnant or on oral contraceptives, or hormone replacement therapy
- recent major leg injury or leg surgery
- family history of DVT

Highest risk

- previous or current DVT
- known clotting tendency
- recent major surgery or stroke
- current malignant disease or chemotherapy
- paralysed lower limb(s)

SSL International suggests the following customers should be referred to a GP:

- people with diabetes, heart disease or cancer
- those with active arterial insufficiency or a family history of arterial or venous problems
- those with leg ulcers or severe varicose veins
- those already wearing compression hosiery
- people who have recently undergone surgery

There is no evidence that aspirin is effective and the Government has advised that, because of potential adverse effects, travellers should consult a doctor before taking it. Aspirin is not licensed for preventing travel-related DVT or PE.

Signs of DVT

There is a risk of DVT in any form of long distance travel, not just flying, where passengers remain immobile in a sitting position for long periods.

Signs are swelling, pain, tenderness and redness, especially in the calf and usually in one leg. This differs from the swollen ankles that many people get during long haul flights. The pain may be made worse by bending the foot upwards towards the knee. The symptoms may develop during the journey, but usually appear hours or even days afterwards.

Sometimes there may be no signs in the legs, and the problem only becomes apparent when clots move to the lungs. Pulmonary embolism is rare, but the signs are breathlessness, chest pain and collapse. Both DVT and PE need urgent referral.

Hosiery

Last January SSL launched Scholl Flight Socks Class 1 in three sizes. They provide compression of 14-17mmHg and are intended for people at higher risk of DVT. Foot length, ankle and calf measurements are necessary to determine the correct size.

For passengers with no known predisposition to DVT, Scholl Flight Socks offer a compression level of 10mmHg. These need no measurements and fit shoe sizes 3-6, 6-9 and 9-12.

Activa Healthcare also offers a Class 1 Sock, specifically developed with air travellers in mind.

Both companies have leaflets offering advice to travellers.

For more information:
www.doh.gov.uk/dvt
www.doh.nhsdirect.nhs.uk

Malibu in £1m TV campaign

Malibu is being backed by a £1 million national TV campaign, which will run from May to August.

David Reiner, Malibu's md, says the time is right for a TV campaign because of the brand's strengthened national distribution and its popularity with consumers.

Malibu was chosen by the TV show *Survivor* to protect the 12 contestants.

The company's range includes new SPF 30 High Protection Lotion at £6.49 for 200ml; Soothing After Sun with Insect Repellent, retailing at £4.99 for 400ml; and Moisturising Self-Tanning lotion at £3.99 for 150ml.

Delph preaches suncare message

Fenton Pharmaceuticals will be targeting TV, radio, men's and women's glossies and national newspapers in a PR campaign for Delph suncare products.

The campaign will suggest that Delph offers affordable protection against the sun. A *Which?* magazine study concluded that the Delph range is one of the most cost-effective and proven brands on the market, according to Fenton. Prices range from £2.99 for 200ml factor 4 to £5.79 for a 200ml Factor 25 spray. All Delph suncream comes with a free bottle of after sun lotion.

Graham Hill, Delph Suncare's managing director, agrees with Superdrug that VAT on suncare products should be abolished. Lower prices would spur more people, he adds, to protect themselves against skin cancer.

High pollen levels

Hay fever sufferers will have a particularly bad summer because pollen levels are almost five times higher than a year ago, according to the National Pollen Research Unit (NPRU).

The NPRU says there have already been several "excessively severe" pollen counts. And retailers have reported they are already selling more eyedrops, inhalers and nasal sprays.

Aspirin may help stop DVT

More people are taking low-dose acetylsalicylic acid (ASA) – the active ingredient in aspirin – as a precaution against DVT, according to Wyeth Consumer Healthcare.

A lot of research suggests low doses of ASA can help to prevent both DVT developing in the legs and pulmonary embolism. A pulmonary embolism prevention study published in 2000 found that aspirin caused a 43 per cent reduction in pulmonary embolisms and a 29 per cent fall in DVT.

Farrol Khan, director of the Aviation Health Institute – a medical research charity – and Dr Nikolaus Fruhwein, a GP and specialist in tropical medicine, recommend that travellers should take aspirin, particularly if they have high blood pressure.

Dr Fruhwein says the ideal dose would be at least 300mg of ASA the evening before the trip and at least 100mg the morning after.

New Zirtek pack sizes

UCB Pharma is launching seven day and 14 day packs of Zirtek Allergy.

The new green and yellow packs feature icons of the four most common allergies: hay fever, skin allergies and those caused by pets and dust mites.

A pack of seven retails at £4.45 and comes in outers of six; the 14 retails at £7.95 and is available in outers of 10.

Zirtek Allergy's OTC sales grew 24 per cent last year – the OTC market for hay fever remedies was worth £39m last year and is said to be growing rapidly.

The brand is being backed by a £1 million national TV campaign.

'Travellers stock up on OTCs'

Most holidaymakers take a large array of self-medicating treatments with them as a safeguard, according to a survey by Aventis Pharma.

The treatments include analgesics, antihistamines, antiseptic wipes, anti-diarrhoeals and blockers, sun creams, hangover cures, bandages, plasters and cough medicines.

The respondents' reasons for taking such a large selection include:

- language barrier – explaining to foreign pharmacists what was wrong
- some of the remedies needed may not be available over the counter
- they could fall sick when the shops/surgeries are closed
- they know and trust the medicines they buy in the UK and believe they are effective.

Travellers were also concerned about dehydration, particularly in children. The holidaymakers were aware of the potential problem through leaflets picked up in pharmacies, surgeries and other sources of healthcare information.

Ros Munday, Aventis' commercial manager for OTCs, says the research shows the importance of education within the pharmacy.

Dioralyte is being supported by a £300,000 advertising campaign in the national and women's press during June and July.

Value Sales Chemists (excl BTC)		52 w/e 25 Feb, 01	52 w/e 24 Feb, 02	% change yr on yr
Top 10 Sun Preps brands				
Sun Preps		**£9,673k**	**£10,065k**	**4**
Nivea Sun	(Protection)			
Riemann	(Protection)			
Ambre Solaire High Protection	(Protection)			
Ambre Solaire Low Protection	(Protection)			
Ambre Solaire Kids	(Protection)			
Malibu Tanning	(Protection)			
Ambre Solaire Spray	(Protection)			
Sun E45	(Protection)			
Tantowel	(Artificial			
Coty Sunshimmer	(Artificial Coty)			

Value Sales Chemists (excl BTC)	52 w/e 25 Feb, 01	52 w/e 24 Feb, 02	% change yr on yr
Top 10 Insect Repellents brands			
Insect Repellents	**£1,865k**	**£1,815k**	**-3**
Jungle Formula			
Autan			
Mosi-guard			
Mijex			
Mozzi Block			
Mosquito Milk			
Bens			
Natrapel			
Bioforce			
Nomad			

Value Sales Chemists (excl BTC)	52 w/e 25 Feb, 01	52 w/e 24 Feb, 02	% change yr on yr
Top 5 Travel Sickness brands			
Travel Sickness	**£5,333k**	**£5,866k**	**10**
Stugeron			
Joy Rides			
Sea Legs			
Kwells			
Avomine			

Source: Information Resources

Discount travel with Mosi-guard

Mosi-Guard International is offering discounts on holidays with an on-pack promotion for Mosi-guard.

Products in the range are carrying a voucher that offers £100 towards package holidays in most Thomson brochures. MGI said the promotion represents around £12 million worth of discounts.

The company believes consumers need extra incentives because many may still be traumatised by the tragedy on September 11 in the USA.

Mosi-guard protects against most biting insects – including midges, flies, mosquitos and ticks – for up to six hours.

HC45 in summer drive

Crookes Healthcare says 119,000 pharmacists and pharmacy assistants and 1.9 million customers could potentially read about Hc45 Hydrocortisone Cream this summer.

The product treats insect bites and plant allergies, as well as mild to moderate eczema. It is the best selling Hydrocortisone 1 per cent – rrp £3.25 for 15g.

Promotional activity will centre on pharmacies from April to August.

Family Aftersun insect repellent joins Autan range

Autan Family Aftersun insect repellent has been added to the Autan range.

The newcomer contains Aloe Vera to moisturise, cool and soothe the skin and it gives up to four hours of protection.

To ensure that people going abroad get the right message, Autan is working with the Foreign & Commonwealth Office to support the "Know before you go" campaign, which provides information and advice about safe travel.

Other promotional activities include: more advertising on package holiday ticket wallets; product sampling at key locations; leaflets in pharmacies; in-store sampling in pharmacies and shelf-edgers.

One-a-day hay fever relief without the drowsiness

Schering Plough suggests one-a-day Clarityn Allergy tablets – a non-sedating antihistamine – for the fast relief of hay fever or other allergies.

Other products in the Clarityn range include Clarityn Allergy syrup, and Clarityn Allergy eye drops to relieve itchy, runny eyes.

As Clarityn Allergy does not accentuate the effects of alcohol, it will not affect holidaymakers' recreational activities.

Scholl adds extra DVT support

Scholl has added Class 1 (14-17mmHg) compression sock to its range of Flight Socks.

The new sock is aimed at people who have a higher risk of developing DVT and who therefore need more support.

Scholl Flight Socks Class 1 come in three sizes and retail at £11.95 per pair.

Public awareness of DVT has grown because the Government issued official guidelines to highlight those most a risk when flying, including:

- anyone with a personal/family history of blood clots or blood clotting defects; consumers aged over 40; and pregnant women.

Pharmacists should advise consumers at risk about the precautions they should take before flying, including the correct level of compression therapy.

Natural relief abroad

hose wanting a homoeopathic emedy for travel sickness can try Hofels' One A Day Concentrated inger Pearles.

The tablets contain ginger, whose ctive constituents (gingerols and hogols) are said to help prevent notion sickness. They retail at 3.69 for a pack of 30.

Hofels says its Ginger & Ginkgo n Garlic tablets help boost irculation and could be useful to travellers on long-haul flights or long coach journeys. A month's supply costs £7.95.

Holidaymakers suffering from trapped wind and bloating, meanwhile, could choose the company's Peppermint & Marshmallow tablets.

Peppermint is said to have calming properties, while marshmallow is a natural diuretic. The tablets retail at £4.15.

One more Bite

Adern Healthcare boosted its nsect repellent portfolio last October with the acquisition of After Bite, America's leading reatment for bites and stings.

After Bite's active ingredient is ammonia (3.5 per cent) and it has now been re-packaged. It retails at £3.25 for a 14ml pack.

Adern's portfolio also includes Ben's 100 safari strength (95 per cent DEET), which achieved a top five-star rating in a *Which?* magazine report on insect repellents, and retails at £5.99 for a 37ml pump spray. Adern also offers Natrapel, recommended for children and those who want to avoid powerful chemicals.

The company's range is being promoted by the frontline division of the Miles Group.

Be sensible in the sun

Suncare brand Sunsense will appear in a regional radio promotion campaign from May to August.

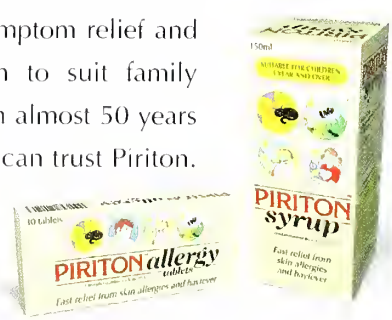
It will also feature in a PR push taking in women's, specialist interest and parenting titles.

Sunsense is produced by Australian firm Ego Pharmaceuticals and distributed in the UK by Lagap Pharmaceuticals. The range includes Sunsense Ultra & Ultra Roll-On, retailing at £5.49 for 50ml and £8.99 for 125ml; and Sunsense Daily Face at £8.99 for 75g.

Dr Andy Clarke, Lagap's sales and marketing director, says the UK suncare market is potentially huge because a lot of people do not appreciate how dangerous the sun's rays can be.

For family allergies, Piriton has it covered

From hayfever to allergic dermatitis, Piriton has the answer. It provides fast symptom relief and the range has a formulation to suit family members from 1 year up. With almost 50 years of experience, you know you can trust Piriton.



PIRITON®
chlorpheniramine maleate

For family allergies

Piriton Allergy Tablets and Piriton Syrup Product Information: Presentations: Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Symptomatic relief of allergic conditions including hayfever. **Dosage and administration:** Tablets: *Adults:* 1 tablet. Every 4-6 hours. *Children aged 6-12:* 1/2 tablet. Every 4-6 hours. Syrup: *Adults:* 10ml. Every 4-6 hours. *Children aged 6-12:* 5ml. Every 4-6 hours. *Aged 1-2:* 2.5ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children, and the elderly are more prone to the neurological anticholinergic effects and rarely may becom confused or excitable. **Retail selling price:** Piriton Allergy Tablet 30: £2.85, Piriton Syrup 150ml £3.79. **Legal category:** **Product licence numbers:** 0036/0088 (Piriton Syrup 0036/0091 (Piriton Allergy Tablets). **Product licence holde** Stafford-Miller Limited, Welwyn Garden City, AL7 3SP. Furthe information is available from Medical and Consumer Affairs GlaxoSmithKline Consumer Healthcare, Brentford, Middlese TW8 9GS, U.K. **Date of revision:** December 2001. Piriton is registered trademark of the GlaxoSmithKline Group Companies.